MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

CERTIFICATE OF DEATH

	02652
Reg. Diat	. No. 75

1. PLACE OF DEATH: County Curvell	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary Cause County Carroll
(If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Naratio arthur alhaugh	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w m.	20. DATE OF DEATH March 7 18.47 at 3 130 M
6. (b) Name of Averand or wife Mary & albaugh	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.C) If all ve. give age. 25 vears	19 10 19
7. Birth date of deceased (mo., day, yr.) July 8-1875-	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
71 7 29hrsmin.	Lorenza Occhin
9. Birthplace	Oue to
(Town, county, and state)	
IB. USUAL UCCUPATION	Oue to
11. Industry or business	
12. Name abraham alleaugh 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Surah Burus 15. Birthplace Md	Major findings of operations.
21 15. Birthplace	Oate of op.
16. Informant New Years	Autopsy results
Address Meucliesles med	22. VIOLENCE: It death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory Maushester	Where did injury occur? (City or town) (County) (State)
Location Occuped so mid	Injured at home, farm, industry, public place (where?)
18. Funeral director Edew Cofistion	Meens of Injury Injured at Work?
Muchtan	1 19/1 0/8/1941
Address Autopical No 1 de 1 d	23. SIGNATURALLES / North Korly Males (yarmun.
19. Mach 9 (Date rec'd by registrar) 19. The second by registrar	Address Wasterwale Met Date signed 3-7-47

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MARYLAND STATE DEPARTMENT OF HEALTH

St., Baltimore /

Address....

8	1	V	6	D	J	J	
T.					7	4	
					/ 4	4	

ACCEO

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
State Maryland count	Montgomery
City or town Chevy Chase (If outside city or town limits,	write RURAL and give nearest town)
Street No. 6314 Beechwood (If rural, give I	Drive
2.(a) If veteran, name war	V
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20 DATE OF DEATH 3/11	19 47 a16:15 A
21. I CERTIFY that death occurred on the date above	
	16 10 3/11 1947
and that I tast saw h. i.malive nn	3/11 19.47
Immediate cause of death	
Pulmoning tubul	is 5mm
Due to	
Due to	
2 / : Inc A /	7 0 0.
Other conditions synthem a Mantal Infecte level (Include pregnancy within 8 m	onths of death)
Major findings of operations	
Antopoy result Salmonay the; Juliu	Date of op
PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
22. VIOLENCE: 11 death was due to external caus	es, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (who	ere?)
Means of Injury	Injured at work?
23. SIGNATURE Amold #	1. Eicht, m.D.

Sykesville, Maryland Date signed 3/11/47

1			2411 N. Charle	ès
			CERTIFICAT	
1. PLACE OF DEAT	H:			
Sykes	ville	imits, write R	URAL and give nearest town)	
dow long in above place of dospital, institution, or structure and Spring	death? 2 ye eet address where field St	death occurred tate Ho	months, 8 days	
3. (a) FULL NAME				_
WILLIAN	HUNT BA	LL		
4. Sex 5	. Color or race	6.(a)Single	e, married, widowed, or divorced	Ī
. M	W		Single	۱
B.(b) Name of husband or v T. Birth date of deceased (mo., day, yr.)	3/15/2l		c) If alive, give ageyears	
8. AGE: Years	Months	Days	It less than one day	
22	11	26	hrsmln.	
9. Birthplace	None E. Ballooklyn, l	l,Jr.	·k	
14. Maiden name	ladys Hu pringfie	ld, Ohi	-0	
	rds, Spr			-
-	removal. Which?	Date ther	eot 13 94 7 (month) (day) (year)	
Cemetery or crematory	1 ash	ing to	2 0 C	
1B. Funeral director	ester	Hr.	md.	
19. Mar /	2 19 4.7 (rar)		Rany Year Registrar	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-6)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give pesidence of mother)
City or lown	State Mely Janes County County
How long in above place of death?	City or town West Market
Mospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
56 Carrall IT.	Street No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Favorite Bell	216-03-9090
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. Marred	20. OATE OF DEATH March 24 19.47 21 12 304
6.(b) Name of husband or wife. Sellie Beuselles Bell	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	19 10 10
7. Birth date of deceased (mo., day, yr.) PM. 18. 1877	and that I last saw h. M. alive on 211 and 23 19 47
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION OURATION
68 4 6hrsmin.	
- 2011 Ca. Ma Calaratores MA.	Mighilis (ller)
9. Birthplace for the County, employ, end state)	Due to.
10. Usuai occupation Machania	Quo to
11. Industry or business firm proplement tales	
12. Name John H. Bell 13. Birthyrage Ind Co. M.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Agranic M. Farmete	
15. Birthplace Did Co. Was?	Major findings of operations
16. Informan Walter 7. Bull.	Autopsy results.
Address S6 Carroll St by Auguste nel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. Mill. 3/11/1/2	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burki, cremation, or removal Which?) Date thereof (mogch) (dgy) (year)	Accident, suicide, or homicide
Cemetery or crematory Mullo Chillege	Where did injury occur? (Cist or power) (County) (State)
Location Russel Mes Mestrumented Mest	Injured at home, farm, Industry, public place (where?)
18. Funeral director & - E - Muyen. & .	Means of injury injured at work?
Address Allegeles of forfreunte ma	1 N. C. Similto hus?
1 29 24 4) Aleeseam	27. SIGNATURE.
19	Address Date signed 5-24-4/

STREET BY STANFARD

MAR 25 1947 BUREAU

APR 1 1947
BURFA T B

2-740-1-10

PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9370

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Darko Character X 3	State mary land County Bassoll
City or town A. M. (If outside city or town limits, write RURAL and city nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3. 0. 9. Carred. Hospital, Institution, or street address where beath occurred:	
	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Jessie Grace Co	3. (b) Social Security Number
4. Sex 5. Offer or racs 6.(a) Single, married, widowed, or diversed Harried	MEDICAL CERTIFICATION 3,1450
31.106.60	20. DATE OF DEATH 19
6.(b) Name of husband os wife	1 horas 30 14 1
7. Birth date of	and that I last saw h
dscsased (mo., day, yr.) 8. AGE: Ysars Months Days If less than one day	Immediate rause of death OURATION
65 8 23hrs.	in.
9. Birthplace Cassell Co. nd. (Town, county, and state)	Ove to arteri secentia C-V disease
10. Usual occupation. Hammerife	Que to.
11. Industry or business	USE IV.
12. Name Joseph Bowese 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name nurgaret Warnhart 15. Birthplacs m.	Major findings of operations
3: 10 6 11	Autopsy results.
16. Informant Constitution Cons	3 PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Dats thersof Operil 1	22. VIOLENCE: If death was due to external causss, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Canall Elmesting	Whers did injury occur? (City or town) (County) (State)
Location Westman med. # 5-	Injured at home, farm, Industry, public place (where?)
18. Funeral director. A.K. ankard Jon	Msans of Injury Injured at work?
Address Westminster, md.	1 June & Thank
10 3/3/ 10/1 House	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registr	ar Address Date signed



2411 N. Charles St., Battimore (97)

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

	UK	091	
.0		TX	
Reg. Dist	. No.	/	

	i:			
		rroll	······································	
Kural	near 5	YKESV	ille RAL and give nearest town	 n)
ve niace of d	eath? 8 yr	s. 4	mons. 12 da	ys.
ution, or stre	et address where de	ath occurred:		
ngfie	ld Stat	e Hos	pital	
spital or ins	titution? 8 yr	s. 4	mons. 12 da	ys
NAME	73 7	7 (1)		
	Edwa	rd Ch	ristopher	
5.	Color or race	6.(a)Single	married, widowed, or divorced	
е	white	W	idowed	
	Nors	N. Co	vay	
			D	
				years
				min.
Ma	ryland			
	(Town, e	ounty, and s	1 Talingel	
upation		nter	, pewers	•••••
business		•		
Ja	mes Chr	istop	her	
lace	Marylan	.d		
			ev (Baker)	
n name	Marylan	d	·····	
Sprin	ngfield	State	Hosp. reco	prode
	esville,	Mary		
Syke			3/24/47	
Syke	removal. Which?)	Date there	3/21/17	
Syke rial emation, or crematory	removal Which?) Mt.Oliv	Date there	3/24/47 (month) (day) (yes	
Syke rial emation, or crematory	removal Which?) Mt.Oliv	Date there	3/24/47	
	ntion, or street of ies spital or ins: NAME S. NAME o., day, yr.) Years 79 Main and insertion of the image of the im	ition, or street address where dengield States States Spital or institution? Supr. NAME Edwa: 5. Color or race White white Nora white Nora	white white white wife Maryland (Town, county, and stopplate) Maryland (Town, county, and stopplate) James Christop Maryland (Maryland) Maryland (Maryland) Maryland (Maryland) Maryland (Maryland) Maryland (Maryland)	pafield State Hospital spital or Institution? 8 yrs. 4 mons. 12 da NAME Edward Christopher S. Color or race white widowed or divorced white widowed Nora N. Covay S. (c) If allve, give age D O. day, yr.) December 31, 1867 Years Months Days If less than one day 79 2 21 hrs. Maryland (Town, county, and state) business James Christopher Maryland Carpenter Felices

1735 Harford Avenue

state Maryland count	City	
BB I T. 1 mo re		***************************************
	write RURAL and give near	est town)
Street No 2215 E. Fayette	Street	
(If rural, give I	OCATION)	
2.(a) If veteran, name war. None		
	3. (b) Social Security 1	
	None	
MEDICAL CE	RTIFICATION	
		5.150
20. DATE OF DEATH March 2		
21. I CERTIFY that death occurred on the date above	e stated; that t attended decea	sed from
May 1, 19 49 and that t last saw h. im. alive on	43 to March	19.4./
and that t last saw h. 1M alive on	waren.	19.4/
Immediate cause of death	***************************************	DURATION
Arteriosclerosi	Ş	10 yrs.
Due fo	******************************	•••••
	•••••	
Due fo	***************************************	
Deschoois	i + h	
Other conditions Psychosis W	-70-010	10
cerebral arterios (Include pregnancy within 3 m	onths of death)	10 yrs.
Major findings of operations	***************************************	
***************************************	Date of op	
Autopsy results	ich death should he charged	statistically.
22. VIOLENCE: If death was due to external cause		
Accident, suicide, or homicide		
Where did injury occur?(City or town)		(State)
Injured at home, farm, Industry, public place (wh	ere?)	
Means of Injury	Injured af work?	
23 SIGNATURE Profest Be	trans May	M.D.

COCKY

PLEASE

Address

(Date ec'd by registrar)

MARGIN RESERVED FOR BINDING

ridence for the addition of place of STATE Desidence and age of deceased MARYLAND STATE Desidence and age of deceased NARYLAND STATE DESIDENCE AGE (1994) A CERTIFICA STATE	DEPARTMENT OF HEALTH Flow St., Baltimore TE OF DEATH Reg. Diat. No. 8
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State
Hew long in hespital er institution?	. 2.(σ) It veleran, name war
3. (a) FULL NAME Isriah Demme	3. (b) Social Security Number
4. Sex S. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH Marsh 30 19 47 21 4 4 M
6.(b) Name of husband or wife 6.(c) If alive, give age year	21. I CERTIFY that death eccurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) 3eb. 1, 1865.	and that I last saw h. Ann. alive on
8. AGE: Years Months Days It less than one dayhrs	arteris Schools
9. Birthplace (Town, county, and state)	Due to
tt. tadustry or business	Due to
12. Name Almes D Cennell 13. Birthplace W Canadan	Dther conditions
t4. Maiden name Rathering Clayebell Minks 15. Birthplace Varyland	(Include pregnancy within 3 months of death) Major findings of operations
18. Interment Jame A Legensul	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (S) Mullions Pull (a. 17. Burnel (Burlal, eramation, or removal, Which?) Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill to the tollowing; Accident, suicide, or homicide
Lecation Near Miorstown, M.d.	Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?)
t8. Funeral director Raymond T. Wnght	Means et Injury Injured at work?

Registrar

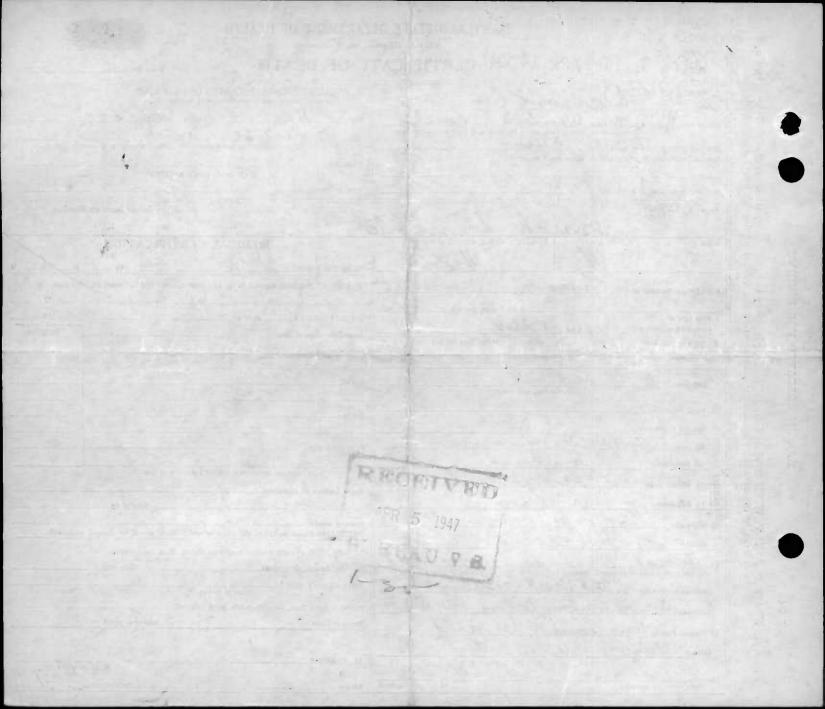
Address.....

M. D. or other

Date signed.

VS A15

Maul 3 | (Date ree'd by registrar)



VS A15

BE A PARTY	4 3 7 50	CORRES PRINTS	DEDADOREDAM	OM	
MAKYL	AND	STATE	DEPARTMENT	UF	HEALIH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Carroll	(For newborn infants give residence of mother) State Maryland County	
City or town Herryton (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 1 month, 28 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)	
Maryland Tuberculosis Sanatorium	Sireet No. 1031 N. Eutaw Street	
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)	********
Colored Branch, Henryton, Maryland.	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
WALTER DICKENS	218-10-7581	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Colored Married	20. DATE OF DEATH March 31. 1947 at 4.	50A
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from eb., 3, 19.47, to March 31, 11	. 47
7. Birth date of	and that I last saw h im alive on March 31,	47
deceased (mo., day, yr.) June 18, 1910		ATION
8. AGE: Years Months Days If less than one day	PulMonary Tuberculosis Dec	
36 9 13hrsmin.	194	6
9. Birthplace North Carolina (Town, county, and atate)	Due to	**********
(Town, county, and atate) Laborer		
1D. Usual occupation	Due to	
11. Industry or business		
量 12. Name Jacob Dickens	Other conditions.	
Jacob Dickens 12. Name Jacob Dickens 13. Birthplace North Carolina	7	
	(Include pregnancy within 3 months of death)	
	Major findings of operations	
\$ 15. Birthplace North Carolina	Date of op.	
16. Informant eceased	Antopsy results	
Address	PHYStCIAN: Please underline the cause to which death should be charged statistically	
Address A to Luna	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Rural cremation or removal Which?) Date thereof (day) (day) (day)	Accident, suicide, or homicide	
on to which out	Where did Injury occur?	
Cemetery or crematory.		
Location Class	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Charge H Oleford	Meens of Injury Injured at work?	
0000	1) a your and	
Address 960 m Cullach	23. SIGNATURE CULREN M. D. or other	
19. 3/31 19. 47 Aller (Sura Charles) People V LOCA Registrary	Henryton, Md. Date slened 3/31	107
(Date world by registrar) POIITY 10 C2 Registrar	The state of the s	

APR 2 1947
BUREAT CA

2-740-2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore K28

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Muyland County Carwll
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death decurred:	Street No
How tong in hospitat or institution?	2.(a) If veteran, name war
3.(a) FULL NAME NANNIE A, D	ietrich 3.(b) Social Security Number
Hemale St. Color or Jace, S. (a) Single, married, widowed, or divorced Willowed	MEDICAL CERTIFICATION 20. OATE OF DEATH. MEDICAL CERTIFICATION 20. 1947, st 1147
6. (b) Name of husband or with Philip Dietrich	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I tast saw h. C.M. alive on
8. AGE: Years Months Days It less than one day	Immedie cruse of death DURATION DURATION
89 2 25	oed age - 89 y well
9. Birthplace (170wu, county, and state)	Due to
10. Usuat occupation	Due to
11. Industry or business 12. Name 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maidee name Allinda Markley 15. Birthplace Many Cand	Major findings of operations
Da ta livelli.	Date of op
Address MX ani Md.	Autopsy results PHYSICIAN: Please underline the cause to which death abould he charged statistically.
- (Kerrial 14-2-1947	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, evenuation, or sumoral, Which?) Cemeters a crematory Cemeters a crematory Cemeters a crematory	Accident, suicide, or homicide
rear MX aring Frederich Co. Med.	(City or town) (County) (State)
18. Funeral director	Means of Injury Injured al work?
Address Win field full.	23. SIGNATURE Man Table
16 Clary 1 19 4 7 Jun Dalengder	my air Md. M. D. or aller



2411 N. Charles St., Baltimore 30-94

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				state Maryland County Baltimore		
City or town rural near Sykesville (If outside city or town limits, write RURAL and give nearest town)		Lle	State County County	*******************		
How long in above place	tside city or town II	nt.hs.	21 days	City or town(If outside city or town limits, write RURAL and give nea		
How long in above place (Hospital, Institution, or	of death?	death occurred			reat town)	
Sprin	ofield S	tate I	Hospital	Street No. (If rural, give LOCATION)		
Na. man	O m	onths	21 days			
		V.44.V44W.		2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security	Number	
	Claren	ce Ba:	iley Diffenders	fer		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white		single		E. 550	
	11111 00		021620	20. DATE OF DEATH March 15 19 47	alled	
6,(b) Name of husband	wife.			21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from	
				November 26 1946 to March 1	5 1947	
7. Birth date of		6,(c) If allve, give ageyears	and that I last saw h im alive on March 14	1947	
deceased (mo., day, yr) octobe	r 15,	1884		DURATION	
8. AGE: Years	Months	Days	If less than one day	Immediais cause of death	instant	
62	05	00			***************************************	
Pol	timono C	itre 1	Manufand	arteriosclerosis	***************************************	
9. Birthplace Bal	(Town.	county, and a	tate)	Due fo.	***************************************	
1D. Usual occupation	truck fa	rming		Chillin lote lotent	********************	
10. Usual occupation				Due to Syphilis, late latent,	00	
11. Industry or business				less than	20 yrs	
置 12. Name Hen	ry Harri	son D	iffenderfer	Other conditions Schizophrenia, paranoid		
13. Birthplace B	altimore	City	, Maryland	type	40 yrs	
			У	(Include pregnancy within 3 months of death)		
				Major findings of operations		
15. Birthpiace	altimore	City	, Maryland			
Spri	ngfield	State	Hosp. records	Antopsy results see cause of death abou	e,	
				PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address Dyke	sville,	Mary	and	22. VIOLENCE: If death was due to external causes, fill in the following;		
17Bulla	6	Date there	of 3-30-47 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation,	or removal. Which?					
Cemetery or cremator	, of pring	field	asultry	Where did Injury occur?(City or town) (County)	(State)	
//	1111 16/1	,	D.	Injured at home, farm, Industry, public place (where?)		
- //	/		' ,	Means of Injury Injured at work?		
18. Funeral director	C Har	ry Z	Vees	Robert Bertrand May, M.D.	0	
Address	Dylees	11.00	, 1	Rhhat IM	" MD	
			,	Springfield State Hospital	or other	
19. Mar.	17 19 H 7	C.	Harry Ween	Address Sykesville, Maryland Date signed	3-15-47	
(Date rec'd by reg	ristrar)		Registrar	Address Y. A. Date signed	J	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

correct age.

PLEASE

MAR 20 1947 BUREAU 1

JAN SERT

9-45-TSM

MARYLAND STA	TE DEPART	MENT OF	HEALTH
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2411 N. Charles St., Baltimore



02662

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll	State Maryland County Harford		
City or town. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 1 MONTH, 27 Cays	City or town		
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. Camp 98		
Colored Branch, Henryton, Md.	(If rurs), give LOCATION)		
	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
VONZO DIXON			
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married	20. DATE OF DEATH March 29, 19.47 8.05P M		
8.(b) Name of hueband or wife Ada Dixon	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from		
8.(c) If alive, give ageveare	eb., 2, 19 47 Mar., 29,1947		
7. Birth date of	and that I last saw h im alive on March 29, 1947		
deceaeed (mo., day, yr.) August 8, 1916 8. AGE: Years Months Days It less than one day	Immediate cause of death		
o. Adu.	Pulmonary Tuberculosis Dec.		
	1946		
9. Birthplace North Carolina (Town, county, and state)	Due to		
1D. Usual occupation Laborer			
	Due to		
11. Industry or business 12. Name			
E C. salle	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name. Emma Nasco 15. Birthplace North Carolina	Major fiadings of operations		
15. Birthplace North Carolina	Dale of op.		
16. Informant Deceased	Antonay results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 4 5-47	22. VIOLENCE: If death was due to external causes, till in the following;		
17. Burial cremation, or removal, Which?) (Burial cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemelery or crematory 261 Man 2 C	Where did injury occur?		
20	(City or town) (County) (State)		
Location	Meene of Injury tojury		
18. Funeral director	meete of tilling		
Address 32 hoh Olyondres	Markey Moleure, min		
. 3/29 .47 alle AR. Swalle	23. SIGNATURE Decleus Not man M. D. or other		
19. 19. Registrar	Henryton, Md. Pate signed 3/29/47		



2: 740 - 2:-10

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

JE.	02663
	00000
	Reg. Dist. No.

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State Coucity Course			
			:	Street No			
	r Institution?		***************************************	2.(α) If veteran, name war	give LOCATION)		
3. (a) FULL NAM			A		3. (b) Social Security	Number	
	Archie Th	omas F	lohr		none		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION		
M	W		married	20. DATE OF DEATH. Thank	5 27 19.47	1 /2 Nois	
6.(b) Name of huebans	or wife Mary E	llen F	lohr	21. I CERTIFY that death occurred on the dat			
			c) If alive, give ageye	marin 3	-		
7. Birth date of	yr.) April 23			and that I last saw h.A.Maalive on		19.47	
8. AGE: Year		Daye	If less than one day	Immediais capes of death			
59	11_	4	hrs,n		J.		
9. BirthplaceZora, Pa			atate)	Due to			
10. Usual occupation	Farmer					***	
11. Industry or busine 12. NameGe	orge Flohr			Diher conditions Ateleetas	sis-R. Lung	1 minus	
441		Pa.		(Include pregnancy with	nln 3 months of death)		
14. Maiden name	Sarah E.		<u> </u>	Major findings of operations			
2 15. Birthplace			Pa.	Date of op.			
16. Intermant	ary E.Floh	ır		Autopsy results			
Addreee	Keyma	r,R.D.				statistically.	
17Buri	a] n, or removal. Which	Date ther	eof Mar 31 1947 (month) (day) (year)	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide		***************************************	
Cemetery or crema	oryHaugh!s	Mt.Zi	on	Where did injury occur?(City or to	own) (County)	(State)	
Location	Near Lac	liesbur	g,Md.	Injured at home, farm, industry, public place	ce (where?)		
	C.O.FUSS			Meane of Injury	Injured at work?		
Address		rtown,M		n 1.)	uc Varyh In	. D	
mar. 28	19 47	Dan	ym. A. Powell	23. SIGNATURE	. M. D	or other 3/27/47	



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correct age

MA	RYL	AND	STATE	DEPARTMENT	OF	HEALTH
ATAC		α	DIAL	TARREST AND A TARREST A	U.	ALLM LM L L

2411 N. Charles St., Baltimore 87-0

CERTIFICATE OF DEATH

02664	
Be. 711	
Reg. Diat. No.	

, CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: Carroll County rural near Sykesville City or town. rural near Sykesville City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 yrs., 4 mo., 10 days Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 6 yrs., 4 mo., 10 days 3. (a) FULL NAME	Street No. 421 Venable Avenue (If rural, give LOCATION)
George Washington Ford	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH March 10 19 47 at 5:10A N
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 1 19. 43 to March 10 19. 47 and that I last saw h im alive on March 9 19. 47
8. AGE: Years Months Days If less than one day	Huntington's Chorea. DURATION
61 1 17hrsml	more than 18 yrs.
9. Birthplace Baltimore City, Maryland (Town, county, and state) 10. Usual occupation Investigator 11. Industry or business railroad, B. & O. 12. Name Charles E. Ford 13. Birthplace Scotland	Due to
14. Malden name Virginia Nunally 15. Birthplace Virginia	(Include pregnancy within 3 months of death) Major findings of operations
16. Intermant Springfield State Hosp, record	Autopsy results
Burial Comparison of removal Which? Date thereof Comparison of removal Which? Date thereof Comparison Compari	22, VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address NORTH AVE. & BROADWAY 19. (Date rold by registrar) Registrary	Springfield State Hospital M.D. or other

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 544)

CERTIFICATE OF DEATH

0266540

1. PLACE OF DEATH: County CARROLL		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)			
Cliy or town SY KESVILLE (If outside city or town limits, write RURAL and give nearest town)		Siate Maryland cou	Carroll			
Cliy or town(If ou	side city or town lin	mits, write R	URAL and give nearest town)	City or town. Westminster (If outside city or town limits		
How long in above place o	f death?	MONTH,	29 DAYS			
Hospital, Institution, or s			: CAL	Street No. 100 East Gre		
***************************************			29 DAYS	2.(a) If veieran, name war		
3. (a) FULL NAME	is thurson r	and a second		E. C. J. I. C. C. E. I. M. E. C. C. E. C.	3. (b) Social Security I	
	A T	170			3. (b) Social Security I	Mamper
	usta Jane 5. Color or race		e, married, widowed, or divorced	MEDICALC	ERTIFICATION	
4. Sex						2 2 5 5
F	W	N.s	arried	2D. DATE DF DEATH		
& (h) Name of husband o	wife Will:	lam P.	Frank	21. I CERTIFY that death occurred on the date abo		
S.(O) NEME OF HEISENS		6 (6	e) If alive, give age	1/7 19	47to3/.6	194./
7. Birth date of	3/20/	105	A LI MILLO PLACE MECHANISM	and that I last saw hETalive on		
deceased (mo., day, yr. 8. AGE: Years) Months	Days	If less than one day	Immediate cause of death		DURATION
61	11	16	hrsmin.	Carcinona of Br	<u>, in</u>	9 months
9. Birthplace	Carroll (Town	County	Maryland	Due to		***************************************
					•44•44•4*••	
		H.,F4.,		Due to		
11. Industry or business ∝ Tob	n Fline H	onek			***************************************	***************************************
				Dther conditions	***************************************	***************************************
	arroll Co			(Include pregnancy within 3	months of death)	
里 14. Maiden name	Annie C.	Arbau	gh	Major findings of operations	***************************************	
14. Maiden name 15. Birthpiace	Carroll	County	, Maryland			
16. Informant Recol	es. Sprin	gfield	State Hospital	Antopsy results		
-			dod,10	PHYSICIAN: Please underline the cause to w		statistically.
				22. VIOLENCE: If death was due to external car		
(Burial, eremation,	or removal, Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemelery or crematory	Carrol	lton	***************************************	Where did injury occur?(City or town)	(County)	(State)
Location	Carrollt	on Md	•	Injured at home, farm, Industry, public place (w		
			on	Means of injury	Injured at work?	
	estminst			1 21 11 6	2.11 100	
				23. SIGNATURE Comold 4. E	chest, W. N.	
19. (Date rec'd by regi	tstrar) 19 47	Co	Harry Heer Registrar	Address Sykesville, M	aryland Date signed	3/6/17

PROMITONS

UN 8 1947

BUILDINEAUT 8.)

1-36

Health Officer, per.....

* See Instruction C on stub.

(b) Address

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17 . 3

MARGIN RESERVED FOR BINDING

MARY/AND STATE	
BALTIMORE OFTY HEALTH	H DEPARTMENT
CERTIFICATE OF	F DEATH

Registered No.	8	3
UE	UK	

The	CERTIFICATE	E OF DEATH	007
carefully supplied.	1. PLACE OF DEATH: (a) Baktimore City, Maryland (b) Street address Mang an Carroll Co. (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State MM (b) County Management (c) City or town Management (d) Street No. 5 MM (d) Street	
should be car arly and legi	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?	(Yes or No)
of information s	3 (c) Social Security Account No. No. No. No. No. No. No. No.	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I certify that death occurred on the date above state ed deceased from 19 4 100	d; that lattend-
Every item write the caus	6 (b) Name of husband or wife Man Older. Man Man 6 (c) If alive, give age 6 J years 7. Birth date of deceased (mo., day, yr.) July 7, 1874 8. AGE: Years Months Days If less than one day hr	landiate cause of death. Carolys Varenlan Due to disease	
ADING INK.	9. Birthplace (Town, county/mdstate) 10. Usual Occupation (Town, county/mdstate) 11. Industry or business 12. Name Description (Service)	Other Conditions	PHYSICIAN
WITH UNF	13. Birthplace Many Wise 15. Birthplace Many Land	(Include pregnancy within 3 months of death) Date of operation. Major findings of operation: of autopsy:	
PECAINLY,	16 (a) Informant Mr As Belle Sumoth. (b) Address As Woodfine Mis 17 (a) Surial (b) Date thereof 3-20-47 (Burial, cremation, or removal) (month) (day), (year)	22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide	tM
PLEASE WRITE	(c) Cemetery or crematory All times Marions Location Balt Inne! Marions 18 (a) Funeral director Marions (b) Address Win field, Mills 19 (a) Man ch 19 (b) Educa Mrs. Thewith	(d) Did injury occur about home, on farm, industrial place?	k?
PLEA	(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address by Brasilli Mighte sign	ned 117/7

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

02668

CERTIFICAT	E OF DEATH Reg. Diat. No. 76
1. PLACE OF DEATH: County City or lown Pulsar Weatherman (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. J. M. J.
3. (a) FULL NAME A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
m Folish Divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH. MOVEL 10. 19.9.7. 21. 8.9.
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19
16. Informani Mas Francis Selected Address Westernisten # 4 md. 17 Burial, cremation, or removal, Which?) Cemelery or crematory Maskew Barrok Localion Westernisten # 8 mm. 18. Funeral director Barrok # 8 mm. Address Westernisten # 8 mm. (Date ryc d by registrar) 19. Cemelery of Barrok # 8 mm. Registrar	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, indusfry, public place (where?) Msans of injury Injured at work? 23. SIGNATURE M. D. or other Address. Date of M. D. or other

MAR 12 1947 BURLA 1 8 The correct age

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6)

02669

CERTIFICATE OF DEATH

	C	2000
eg.	Dist.	No. 74

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County Carroll		state Maryland c				
City or town Syke	tside city or town lim	its, write R	URAL and give nearest town)	2		
How long in above place	of death? 5 da;	ys	URAL and give nearest town)	City or town	its, write RURAL and give no	earest town)
Hospital, Institution, or	street address where de	alh occurred:		Street No		
	field St			(If rural, give	ve LOCATION)	
How long In hospital or		ays	······································	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
Johr	Gray					
4. Sex	5. Color or race	6.(4)Single	, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
M	W	S	X	20. DATE OF DEATH	19.47	19:15A
				21. I CERTIFY that death occurred on the date a		
6.(b) Name of husband or wife		2/27	47 10 3/4	19. 47		
7. Birth date of		and that I last saw h. i. M. alive on	3/4	19. 47.		
deceased (mo., day, yr) 12/2	0/188	9	Immediate cause of death	-	
8. AGE: Years	Months	Days	if less than one day	Culmonary tuberculosis		4 mos.
57		14	hrsmin.	Syphilitic meningo - e	nechalilis	4 yrs.
9. Sirthplace		00010	/			
1D. Usual occupation Odd jcbs		Due to	***************************************			
11. Industry or business		CO : alast	2.0	Z		
12. Name John Thomas Grat 13. Birthplace Maryland		Other conditions Chronic alcol	ouu.			
				(Include pregnancy within	3 months of death)	
14. Maiden name Mollie Hughes 15. Birthplace Maryland		Major findings of operations				
S 15. Birthplace	Maryland			major madings of operations.		
16. Informant Records, Springfield State Hosp.						
		PHYSICIAN: Please underline the cause to	which death should be charge	d statisticafly.		
Address Sykesville, Maryland 22. V			22. VIOLENCE: ff death was due fo external of	auses, fill in the following;		
Burial (Burial, cremation, or removal, Which?) Date fhereof ar. 7, 1947 (month) (day) (year)			Accident, suicide, or homicide	Date of		
Cemetery or crematory Springfield		Where did injury occur?(City or town	///	/Contu)		
Location Sykesville .m.d.		fnjured at home, farm, industry, pub ¹ c place (where?)				
18. Funeral director. C.H. Weer		msans of mjury	A A A			
			23. SIGNATURE JOSEPH H. V	Ugrahall H.	0.	
10 mar. 5 1047 Offany Neer 2			aryland Date signed			
(Date rec'd by res	ristrar)		Registrar	Address	Date signer	12////



/ .	CERTIFICA	TE OF DEATH Reg. Dist. No	4
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECRASED: (For newborn infants pive residence of mother)	
County	7	KIA. Marilani	u
City or town(If outside city or town limits, wr	ite RURAL and give nearest town	State County	
low long in above place of death?	10pmo 7 da	City or town	st tows
Hospital, institution, or street addfess where death of	H. H. J. T.	Street No.	
Junguera an	ac x/ogranac	(If rural, give LOCATION)	./
How long in hospital or Institution	your / an	2.(a) If veteran, name war	
3. (a) FUEL NAME	Mary Gree	3. (b) Social Security Nu	amber
4. Sex 5. Color or race 6.(a)	Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
It W	Widowed	20. DATE DE GEATH March 8 19.47 of	. /
	The Charles		
6.(b) Name of husband or wite	ang nun	21. I CERTIFY that death occurred on the date above stated: that Talkended deceases	morr
7. Birth date of		and that least sawd Analyse on Man I II	*********
deceased (mo., day, yr.) Mar, 3 a	-/8//	Immediate cause of death	pi
8. AGE: Years Months Day	s If less than one day	Cerebal Temorhan	2
10 2 4	hrs/min		
9. Birthplace Mary	land	Que to artino & clurant	11
Town, outry,	and state)	Sy ferlenne	10
18. Usual occupation.	wy	Due to Aff	
11. industry or business	Jan home	Grafell Mellins	6.
12. Name of Milliams 12. Name	runey	Other conditions.	0
	- Just	(Include pregnancy within 3 months of death)	
14. Maiden namellana Ella 15. Birthylage,	ratiff toge		
E 15. Birthylage,	mder o	Major fiediogs ol operations. Date of op.	
16. Internal III Mystle	Hamel	Autopsy results.	
B2 17 100 11	JE Wast	PHYSICIAN: Please underline the cause to which death should be charged state	tistical
Address 5//0001	JAM . A ICH	22. VIOLENCE: If death was due to external causes, till in the following:	
(Burial, cremation, or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory		Where did injury occur?	State)
11/00/ /-	10. C	Injured at home, farm, todustry, public place (where?)	June (C)
Location Washington	1	Means of Injury tojury tojured at work?	
18. Funeral director Was Was Cha	sules Co	Out On In a	10
Address Washington,	W.C.	MA Mastin Ma	
mar . 2 . 47 0	Ham Hees	23. SIGNATURE	other
(Date rec'd by registrar)	Registra	Address Sy Melle Manale signed	1.

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 124-6

CERTIFICATE OF DEATH

02671 eg. Diet. No. 330

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Many land County Class Cl
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME MARY E. GRIMO	3. (b) Social Security Number
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Married	20. DATE OF DEATH March 2 1947 at 6:30 Pin
There of he	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(b) Name of husband or mile / Manuas 13. / Manuas	Leurs 16 19 46 10 March 2 19 47
7. Birth date of	and that I last saw h. (A. alive on F. L. 28. 19.4.7.
deceased (mo., day, yr.) May 7, 1869	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
77 9 25hrsmin.	Ascites 2mo
9. Birthplace Carroll Co. Maryland	Due to.
(Town, county, and state)	alrobbie bisshossa
10. Usual occupation	Busing of lives ?
11. Industry or business	
12 Name Jassaway Josnell	Other conditions Marked arterio.
12. Name Jas variay Hornell 13. Birthplace Manyland	0-0-1-1
H 14. Malden name Assas Januaria	(Include pregnancy within 8 months of death)
	Major findings of operations.
15. Birthplace of Maryland	Date of op.
16. Informant / P. J. Busses	Autopsy results. 20012
Address Wood fine, Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 3-4-1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, aremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or cremetery Mangana Carpel	Where did injury occur?
Location Dely Carroll Go. Many Cand	Injured at home, farm, industry, public place (where?)
18. Funeral director 5:711 Waltz	Means of Injury Injured at work?
Address Asin Trield, Med.	0-01-0-10
Man 2 47 Elya m Doult	23. SIGNATURE M. D. or other
19 / (Date rec'd by registrar)	Address My Divy 14 Date signed 3 2 47

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PLAINLY, V is especially WRITE PLEASE, A15 SA

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (%)

02672

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CERTIFI			1114 /	ч

			CERTIFICAT	E OF DEATH	Reg. Dist. No	
City or town Sykes (If out: How long in above place of Hospital, institution, or si Springfiel	l	mits, write R ars, 5 death occurred lospita cars,	URAL and give nearest town)months, 2 days 1 5 months, 2 days	2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of me State	DECEASED: other) y write RURAL and give near	est town)
4. Sex female	5. Color or race white		married, widowed, or divorced	MEDICAL CE	RTIFICATION	at 2:10 Pm
8.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)		6.(6) tf alive, give ageyears	21. I CERTIFY that death occurred on the date above January 1st 19. 4 and that I last saw h.Cr. alive on Marco	2 to March 3r h 3rd	d1947
8. AGE: Yeare 81	Months unkr	Days	If lese than one dayhrsmin.	Chronic myocarditis and degeneration	d myocardial	
11. Industry or buelness	domestic	,		Due to.		50 woons
13. Birthplace U	nknown			Other conditions Schizophrenia, (Include pregnancy within 3 mo		yoy.ear.s
	nknown			Major findings of operations.		
Address S. 17. Burial (Burial, cremation, o	pringfiel	d Stat	e Hospital ot 1947 (month) (dey) (year) Hosp. Cemetery	Actopsy results PHYSICIAN: Please underline the cause to white 22. VIOLENCE: If death was due to external cause Accident, eulcide, or homicide Where did injury occur?	ch death should be charged s es, till in the following:	
Location	Syke	sville	e, Nd.	Injured at home, farm, Industry, public place (whe		
Address Syk	esville	Md.	Jany Neer	23. SIGNATURE June / Lahu		
(Date rec'd by regis	strar)		Registrar	Address Springfield State	10501 La bate signed	

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.(-)

	108. 210. 110. 110. 110. 110. 110. 110. 110	14-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	A
County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 6 days. Hospital legithing or street address where death occurred:	State Maryland County Prince George City or town Upper Marlboro (If outside city or town limits, write RURAL and give nearest town)	S
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.	Street No	
3. (a) FULL NAME		
ELIZABETH VIOLA HAGENS	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female colored married	2D. DATE DF DEATH. March 10 19 47 21 3.25	P
6.(b) Name of husband or wite William Hagens 6.(c) If allve, give age 30 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec., 4, 19.48 to March 10, 19.4 and that I last saw h.e.r. alive on March 10, 18.4	7
deceased (mo., day, yr.) April 11, 1922	Immediate case of death	N
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis Oct.	
24 10 29hrsmin.	1946	*******
9. Sirthplace La Plata, Md. (Town, county, and state) 1D. Usual occupation. Cook 11. Industry or business 12. Name. Unknown	Due to	
12. Name Unknown 13. Sirthplace Unknown		
14. Maiden name Edna Mathews 15. Sirthplace Unknown	(Include pregnancy within 8 months of death)	
15. 8irthplace Unknown	Major fiadings of operations	
16. Informant Deceased	Autopsy results	*********
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 17. Surial (Burial, cremation, or ramogal, Which?) (Burial, cremation, or ramogal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the toilowing; Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
2/ watt x Russu	Means of Injury Injured at work?	
Address Haldorf Wad.	23. SIGNATURE Ruleu Hoffman, m. D. M. D. or other	
19. March 10, 19.47 Deputy Local Registrar	Address Henryton, Md Date signed 3/10/4	£7

MAR 12 1947

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2-740-1-10

02674

Baltimore

injured at work?

			erin	5	V
Reg.	Diat.	No.	 4	4	<u>X</u>

(If outside city or lown limits, write RUBAL and give nearest town)	
ireet No. 79 Olegow Cov. (If rural, give LOCATION)	• • • • • • • • •
(a) It veteran, name war.	
3. (b) Social Security Number	
MEDICAL CERTIFICATION	
D. DATE DF DEATH March 9 19.47 .a.5:0	0a.
June 6 1944 to March 9 19 od that I last saw h im alive on March 8	
Jnknown 18 to	ATION
her conditions Post-encephalitic syndrome li (Include pregnancy within 3 months of death)	fe
ajor findings of operations	
2. VIOLENCE: It death was due to external causes, till in the tollowing:	
cident, suicide, or homicide	

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9370

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carried (D)	(For newborn infauts give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Many County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	Street No.
Now have to be really at an analysis of	(If rural, give LOCATION)
Now long in hospital or institution?	. 2.(a) 11 veteran, name war
	3. (b) Social Security Number 213-12-296
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
My w my	20. DATE OF DEATH. Much 28 1947, et 18 M
6.(6) Name of bushing or wife Maygil & Lambert	21. LCERTIFY that death occurred on the date above stated: that I attended decased from
///	merch 12- 10 40 1. march 28:047
7. Birth date of	and that I last saw ham alive on much 28 19.4.7
deceased (mo., day, yr.) 8. AGE: Years Moths Days It less than one day	Immediate squee st death
.12 11 22	prove Mysearch !
9. Birthplace / Mary Land (Town, county, and state)	Due to
1D. Usual occupation Ataxancer	
11, Industry or business	Oue to
12. Name Eurory & Jovenses	Other condition Marchan Walking Chr
13. Birthplace Md	
14. Maiden name Mary & Brown	(Include pregnancy within 3 months of death)
14. Maiden name Mary & Brocon 15. Birthpiace	Major findings of operations
July Deline	- Date of op.
16. Informant Day T 7 20 A B S	Autopsy results
Address restrictly Med Ord.	22. VIOLENCE: If death was due to external causes, till in the following;
(Burlai, cremation, or removal, Which?) Bate thereof. Willy 3 / 4 / (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Manahestes	Where did injury occur? (City or town) (County) (State)
Location Clerenel 20 mil	Injured at home, 1arm, thoustry, public place (where?)
4.000 A A Cht.	Mesns of Injury Injured at work?
18. Funeral director	1016121
Address Humphrend Ma	23. SIGNATURE DONNE COUNTRY CO
19 Mar. 31 1947 Was H. P. S. Dewer	M. D. or other M. D. or other 3-29-47

APR 1 1947
BURRAY V 5

RESERVED FOR BINDING

VS A15 9.45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-7

02676

CERTIFICATE OF DEATH

Reg. Dist. No. 741

County Carroll City or town. Henryton (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 1 day Hospital, institution, or street, address where death occurred: Maryland Tuberculosss Sanatorium Colored Branch, Henryton, Md. 3. (a) FULL NAME MATTIE FINCH JACKSON 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Maryland Tuberculoss Sanatorium Colored Branch, Henryton, Md. 3. (b) Social Security Number MATTIE FINCH JACKSON 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Colored Widow 6. (b) Name of husband or wife. 10. Date DF DEATH. March 4, 19. 47, 21. 5. 19. 47, 10. March 4,	. 30P M
How long in above place of death? 1 month, 1 day Hospital, institution, or street, address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. 3. (a) FULL NAME MATTIE FINCH JACKSON 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female colored Widow 20. DATE DF DEATH. March 4. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	. 30P M
How long in above place of death? 1 month, 1 day Hospital, institution, or street, address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. 3. (a) FULL NAME MATTIE FINCH JACKSON 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female colored Widow 20. DATE DF DEATH. March 4. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	. 30P M
Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. 3. (a) FULL NAME MATTIE FINCH JACKSON 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced female colored Widow 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 1 CERTIFY that death occurr	. 30P M
3. (a) FULL NAME MATTIE FINCH JACKSON A. Sex S. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH. March 4. 19. 47. at 5. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	. 30P M
Colored Branch, Henryton, Md. 2.(a) If veteran, name war. 3. (b) Social Security Number MATTIE FINCH JACKSON 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female colored Widow 20. Date DF DEATH March 4. 19. 47. 21. 5. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	. 30P M
3. (a) FULL NAME MATTIE FINCH JACKSON 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION female colored Widow 20. DATE DF DEATH. March 4. 19. 47. at 5. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	. 30P M
MATTIE FINCH JACKSON 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION female colored Widow 20. Date DF DEATH. March 4. 19. 47. at 5. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	.30P _M
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION female colored Widow 2D. Date DF DEATH March 4, 19. 47, at 5. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	m
female colored Widow 20. Date DF DEATH March 4, 19. 47, at 5. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	m
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	m
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	m
February 3 .47 March 4	1.1
1 COLUCE J C3	19±
7. Birth date of and that I last saw h er alive on March 4,	19 47
March h 1906	DURATION
The state of the s	et. ls
	46
9. Birthplace. Virginia Due to.	
(12 m), and and	
10. Usual occupation. None	
Due 10.	*****************
11. Industry or business	******************
II 12. rame	
Faven Saunder	
Major findings of operations.	
15. Birthplace Virginia Dale of op	
16. Informant Beceased Actopsy results.	
PHYSICIAN: Please uoderline the cause to which death should be charged statistica	ally.
Address 22. VIOLENCE: If death was due to external causes, fill in the tollowing:	
17. Burial, cremation, or removal. Wyjch?) Date thereof (month) (day) (year) Accident, suicide, or homicide.	***************
Cemetery or crematory Baltler, political Cemetery or crematory (City or town) (County) (State)	
Location Baltimore Injured at home, farm, industry, public place (where?)	***************************************
LUCATION	
18. Funeral director Palfalla Sandlas Means of injury Injured at work?	
Address 14/2 E. Preston St. 1/2 C. Mileune m.D.	
23. SIGNATURE	
19. March 4, 19 47 Allew Local Registrar Address Herryton, Md. Date signed 3/4	1/47



2-740 - 1-10

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 846)

County Rur	al near S	ykes	ville RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore	
Hospital, institution, or Springfi	eld State	eath occurred Hos	2 mon. 16 days pital 2 mon. 16 days	City or town	
3. (a) FULL NAMI		G. K	essler	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a) Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white	S	ingle	20. DATE OF DEATH March 17, 19 47	a 9:20am
7. Birth date of	0 /9 /1	6.(c) If allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decer May 1, 19 43 to March and that I last saw h. im. alive on March 16,	ased from 1 17 19 47.
deceased (mo., day, y		Days	If less than one day	Immediate cause of death Senility	OURATION
78		9	hrs. mln.		***************************************
9. Birthplace	Jewele	county, and	atate)	Oue to	
12. Name	ohn Kess Marburg Marie Baltim	, Ger	ity	Other conditions Dementia praecox, hebephrenic type (Include pregnancy within 8 months of death) Major findings of operations	56 yrs
	ingfield esville,		e Hosp. record	PHYSICIAN: Please underline the caose to which death should be charged	statistically.
	or removal, Which?) The state of the state		eof. 3- 47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
Address /2/7	At Paul	S	Alary West	Springfield State Hospital	900 John D. 3/17/47

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MAR 20 1947

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confect age

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
County	nuton		***************************************	State Maryland county	0020a0 0020a0 000 000 000 000 000 000 00	
City or lown Henryton (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	Baltimore and the t		
How long in above place	of death?	ionth,	21 days	(If outside city or town limits, write EURAL and give bea		
Hospital institution of	street address where	eath occurred	Sanatorium	Street No. 308 N. Eden Street		
Colored	Branch. I	lenry	on. Md.	(If rural, give LOCATION)	/	
Colored How long in hospital or	Institution?			2.(a) If veteran, name war	<u> </u>	
3. (a) FULL NAME				3. (b) Social Security	Number	
	ETH		BERTA KEYS			
4. Sex	5. Color or race	6.(a)Single	. married, widowed, or divorced	MEDICAL CERTIFICATION		
female	colored	s	ingle	2D. DATE DF DEATH March 24, 19 47	1.25A	
				21. I CERTIFY that death occurred on the date above stated; that I attended dece	aeed from	
6.(b) Name of husband				Feb., 3, 1947 to March 2	4 . 1947	
7. Birth dale of			e) If alive, give ageyears	and that I last saw her alive on March 24,	19.4.7	
deceased (mo., day. y	a) Jan	., 20.	, 1920	Immediate cause of death	NOITARUG	
8. AGE: Years	Months	Days	If less than one day	Pulmonary Tuberculosis	Nov.	
21	1	29	hrsmin.		1946	
9. Birthplace	Baltim	ore. 1	Md.	Due to		
9. Birthplace		county, and s	tate)		*	
1D. Usual occupation	None			Due to.		
11. Industry or business						
当 12. Name	George	Ke ys		Dither conditions		
12. Name	Marylan					
	Ethel C	alver	t.	(Include pregnancy within 3 months of death)		
14. Malden name				Major findings of operations.		
≥ 15. Birthplace	Marylan	a		Date of op		
16. InformantDe	ceased			Antopsy results		
Address				PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
	' . 0		3/28/47	22. VIOLENCE: If death was due to external causes, fill in the following:		
17	or removal Which?	Date there	(month) (day) (vear)	Accident, suicide, or homicide Date of		
Cemetery or cremato			uf bemelery	Where did injury occur?	(State)	
Centerery of Cremato	\sim	200	at co. md	Injured at home, farm, industry, public place (where?)		
Location	$\sim 10^{-10}$	11		Means of injury Injured at work?		
18. Funeral director.	woy	Q. W	uson	Messus or cultury tulbures at works		
Address / DO	Brant	leya	r. Belto.md.	23. SIGNATURE / Welless HOffman m. D)	
Manch	0.4 4.17	2	1. 1. P han 11	// M. D.	or other	
19. Warch	24 , 19 47	Dep	uty Local Registrar	Address Henryton, Md. Date signed.	3/24/47	

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RECHIVED

MAR 26 1947

2-740-1-10

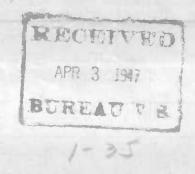
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 526)

CERTIFICATE OF DEATH

(12679) Reg. Diat. No. 82

\wedge	
1. PLACE OF DEATH: Quroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn inferte give residence of mother)
	Mariland Coull
(If outside city or town limits, write RURAL, and give nearest town)	" nav ()
r long in above place of death?	City or town
spital, institution, or street address where death occurred:	
	(If rural, give LOCATION)
w long in hospital or institution?	2.(a) If veteran, name war.
.(a) FULL NAME ANTHONY Z. 1	3.(b) Social Security Number 217-01-8213
Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Where Married	20. DATE OF DEATH March 3/ 19.47 .5:30
DA PK. 1	
.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	The state of the s
Birth date of deceased (mo., day, yr.) Jan. 4, 1898	and that I last saw hadden, alive on
B. AGE: Years Months Days If less than one day	Secondary anema 6 m
57 2 27hrs.	
19 1 . 1 h	Cooperated Bladder 240
9. Birthplace (TV) (Cown younty, and state)	Due to Due to Ly
10. Usual occupation Tech Latore Long	
1 1 2 1	Due to
11. Industry or business North fuel Corp	and multiplicate (2)
12. Name Trust by Cummel 13. Birthplace Many Cand.	Other conditions General metastrice 6 mg
	(Include pregnancy within 3 months of death)
14. Maiden name Munnie Ditesone 15. Birthplace Mary Land.	Major findings of operations Carcenoma Q Blade
15. Birthgiace Mary Land.	Major hadings of operations. Date of of
h. I. I o III	Antopay results. None
18. Informant / Mass. Alle The Market	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address M. Muy Mag.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, gremation, or removal Which?) (Burial, gremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
1 - 6 -	
Cemetery of exemetery	Where did injury occur?(City or town) (Connty) (State)
Location Mr. Chiny Mid.	Injured at home, farm, industry, public place (where?)
Ko M. Walls	Means of Injury Injured at work?
18. Funeral director	D P 1.10
Address Way Tally Mg.	23. SIGNATURE Islander Grabil
10 (lor, 1 St. 1047 Mand) Lunder	M. D. or other
(Date rec'd by registrar) Regist	rar Address MCCCCC Date signed 7/1/5



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ine correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830)

1. PLACE OF DEATH: Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Syke	sville	***************************************	State Maryland County		
City or town(If	outside city or town l	imits, write I	URAL and give nearest town)	Rol+imono		
How long In above place of death? 17 years, three months, 21 de			hree months, 21	City or town	rest town)	
Hospital, institution, or	street address where	death occurre	i:	Street No. unknown		
Springfield State Hospital			1	(If rural, give LOCATION)		
How long in hospital or institution? 17 years, 3 months, 21 days				2.(a) If veteran, name war		
3. (a) FULL NAM				3. (b) Social Security		
0. (a) 1 0 22 mm	Margare	et E. E	Inierim	3. (0) 330m 300m,		
4. Sex	5. Color or race	6.(a)\$Ing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white	sir	ngle			
	1 1112 00	-	6-0	20. DATE OF DEATH March 27, 19 47		
m (h) Name of bushood	as with			21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from	
				January I, 19/12, to March 21		
7. Birth date of	•		c) If alive, give ageyear	and that I last saw h er alive on March 27.	1947	
deceased (mo., day,	yr.) March	7, 187	15	Immediate cause of death	DURATION	
8. AGE: Years		Days	If less than one day			
72	0	20	hrsmin	Cerebral hemorrhage	3 days	
9. Birthplace	Maryland			Oue to	**********************	
	(state)	arteriosclerosis	12 years	
10. Usual occupation.	pract	ical nu	rse	9.1.		
				Due 10	•	
11. Industry or busines		nierien	1	Schizophrenia, paranoid type	20 years	
E	_		§	Other conditions		
	Germany	70 0	1 1 1	(Include pregnancy within 3 months of death)	-	
14. Malden name.	Catherin	ne L. S	chick	Major findings of operations		
14. Malden name.	Germany			Date of op.		
		nomde.				
				. Aatopsy results	statistically.	
Address Spri	ingfield St	tate Ho	spital	22. VIOLENCE: If death was due to esternal causes, fill in the following;		
17 B1	rial	Date the	eof3/29/47 (month) (day) (year)			
				Notional and an annual and an		
Cemetery or crematory. Western Cem.				Where did injury occur?	(State)	
Location	Baltin	nore, 1	ld.	injured at home, farm, industry, public place (where?)		
			& SONS	Means of thjury Injured at work?		
	Baltim			Luce Helchwar	1115	
Address				23. SIGNATURE	or other	
19.3/28	19. 19.	/4	, W. Harch	Springfield State Hospital	3-27-47	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74-0

CERTIFICATE OF DEATH

4		7/	A
Reg.	Dist.	No. (-	

			CERTIFICA	Reg. Dist. No.
COURTY	roll		URAL and give nearest town)	
How long in above plan	ce of dealh?	0 yrs	***************************************	City or town City or town limits, write RURAL and give nearest town) Streef No. 22 - Standard Caldy
			•••••••••••••••••••••••••••••••••••••••	(If rural, give LOCATION)
			•••••••••••••••••••••••••••••••••••••••	. 2.(a) If veferan, name war
3. (a) FULL NAM	Jeremiah	T.Koon	tz	3.(b) Social Security Number
4. Sex	5. Color or race		e, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DE DEATH MARCH 25 1949, 21 Z
			oontz	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day	0 1 07		7 11 sitte, give age	and fhel I last saw have alive on Market Z. S. 19.9c
8. AGE: Yea		Days	tf less fhan one dayhrsmin.	Thombreis
	Md			
9. Birthplace	(Tow	n, county, and	stste)	Due fo
10. Usual occupation	Retired	Farmer		
11. Industry or busine				Due to
		zMd		
H	Savilla S	tarner	3	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace		F/U	a	Date of op.
16. Informanf	Flora Wan Vestminste	tz Koon	tz	
Address				22. VIOLENCE: tf death was due to external causes, fill in the following;
17 Buria	on, or removal, Which	Dafe fher	eof Mar 28, 1947 (month) (day) (year)	Accidenf, suicide, or homicide
			(month) (day) (year)	
Cemetery or crema	Ples	sant Va	llev.Md.	(City or town) (County) (State)
			lley,Md.	Palmont to be southed
19. Funeral director.		& SON eytown,	Wd.	
Address	Lan	cy oowii,		23. SIGNATURE J. Stervist M. D. costoc
. 0/2	6 47	10	warmen	
(Date rec'd by	registrar)	//	Registrar	Address. Welsten at Ma Date signed Mines

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

A CONTRACT OF THE STATE OF THE

CERTIFICATE OF BALL

THOUGHT DIAMENT

Pr. Di

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

			CERTIFICA	IL OI DEATH	Reg. Dist. No	<i></i>
PLACE OF DEAT				2. USUAL RESIDENCE (HOME	a of mother)	el
Now long in above place of	death?	ears	URAL and give nearest town)	City or town	County	earest town)
Hospital, Institution, or str	you	death occurred	l:	Street No		
3. (a) FULL NAME		Za	mbert.		3. (b) Social Security	y Number
A. Sex	. Color or race		e, married, widowed, or divorced	MEDICAL 2D. DATE DF DEATH. D. ACC	CERTIFICATION W 25 114	7, 15
8.(b) Name of husband or	# 11 C	Lamber	c) Il alive, give ageyear	24 I CERTIFY that death occurred on the dat	1940 mar 2	ceased from
7. Birth date of deceased (mo., day, yr.)	April	14,187	74.			DURATION
8. AGE: Years	Months	Days	If less than one dayhrsmir	Immediate cause of death	stomseh	540
11. Industry or business	Farm La	bor	state)	Due to		
t3. Birthplace 14. Maiden name De	Md bbie St	ultz Md		(Include pregnancy with		
16. Informant Head	ry Labb Unio	ert n Bridg	e R#1	PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern	to which death should be charge	
17 Burial (Burial, cremation, o	r removal. Which	Date ther	reof 3/29/47 (month) (day) (year)	Accident, suicide, or homicide	wn) (County)	
Location Mic	ddleburg	Rural	(Md)	Injured at home, farm, Industry, public place		
18. Funeral director		& SON	Md.	Means of Injury	tnjuged at work?	Ze .
19. Date rec'd by regis	19. 4	1 %	Charling Registre	23. SIGNATURE AND	M. I Date signe	3/2 7/K

Mr. Merry Fers -

MAR 31 1947 BURLA S

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)



CERTIFICATE OF DEATH

0	2	6	8	

Reg. Dist. No.

1 PLACE OF DEATH: County Carroll					2. USUAL RESIDENCE (HOM (For newborn infants give reside	IE) OF DECEASED: ence of mother)	
County	Tan	A.Y.A.A		***************************************	state Maryland county Carroll		
City or town. Tanevtown (If outside city or town limits, write RURAL and give nearest town)				URAL and give nearest town)	Taneytown		
How long in above place of death? 50 years			•••••				
Hospital, Institution, or street address where death occurred:					Street No. 34 York Street	al, give LOCATION)	
How long in hi	nenital or l	nstitution?			2.(a) tt veteran, name war	-	
3. (a) FULI						3. (b) Social Security	Number
D. (a) 1021		Charl	es A.	Lambert		none	A.
4. Sex		5. Color or race		e, married, widowed, or divorced	MEDICA	L CERTIFICATION	
	M	W	Widowed		7	L 14 1947	18:45A.
6.(b) Name of	husband o	wifeAnı	na Stew	art	21. I CERTIFY that death occurred on the	date above stated; that lattended dec	eased from
				c) If alive, give ageyears	and that I last saw h.f. saaalive on		19.47
7. Birth date o deceased (n	t no., day, yr.	Decemb	er 30,	1864	Immediate cause of death		
8. AGE:	Years	Months	Days	tf tess than one day		•	11 0
	82	2	12	hrs, min.			
				ntate)	Due to Chronic C	white Kienry	10 yrs.
10. Usual occ	upation	Furnitur	e repa	iring	Due to		
11. Industry o							
12. Name		ael Lambe Maryland	rt		Other conditions Descrates	Chemia Myor	e Litie
			David	son	(Include pregnancy w	ithin 3 months of death)	
15. Birth	place	Unknown				Date of op	
16. Informant	Roy	E. Lambe			Autopsy results	se to which death should be charged	d statistically.
Address					22. VIOLENCE: If death was due to ext	ernal causes, fill in the following;	
17(Burist et	Bur	ial or removal. Which	Oate the	eof March 16,1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
				rn Cemetery	Where did injury occur?(City or		
Location		Taneytow	n, Ild.		injured at home, farm, industry, public of		•••••
					Means of Injury	Injured at work?	
18. Funeral d	irectof	Taneyto			01	Melland	4.0
101-	. 0	16	- 94	10211/1/2/20 E	23. SIGNATURE	M. D	or other
19/ Date rec	e'd by reg	16. 19 4	, an	M Memory Registrar	Address Janeyh	un, lug. Date signed	3/15/47

RECEIVED 1947

PLEASE A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-4)

1. PLACE OF DEATH: County	(For newborn infants give residence of mother)			
City or town Rural near Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs. 1 mon. 25 days	State Maryland County Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: Springfield State Hospital	Sireet No			
How long in hospital or institution? 2 yrs. 1 mon. 25 days	2.(a) If veteran, name war.			
3.(a) FULL NAME Frederick Lees	3. (b) Social Security Number			
4. Sez 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male white widowed	20. DATE OF DEATH. March 7, 19. 47, 21 9: 07a			
5.(b) Name of husband or wife	21. I CERTLEY that death occurred on the date above stated; that I attended deceased from July 4, 19.46 to March 7, 19.47 and that I last saw h im alive on March 6, 19.47 Immediate cause of death Chronic myocarditis OURATION			
8. AGE: Years Months Days If less than one day 71 8 19hrsmin.	and myocardial degeneration 10 yrs			
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Barber 11. Industry or business 12. Name Christian Lees 13. Birthplace Galler 14. Maiden name Galler	Other - Arteriosclerosis 10 yrs. Other conditions. Psychosis with cerebral arteriosclerosis 10 yrs. (Include pregnancy within 3 months of death)			
14. Maiden name	Major findings of operations. Date of op. Autopsy results. See above. PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Sykesville, Maryland 17. (Burial, cremation, or removal, Which?) Cemetery or crematory (month) (day) (year) Location (Month) (day) (year) 18. Funeral director (Month) (Mo	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			

MAR 12 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 186-0

	Neg. Disc. No.
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State y ary war war County Course of
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No. (If rural, give LOCATION)
How iong in hospitat or institution?	2.(a) if veteran, name war
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widow	2D. DATE OF DEATH. Masch 26 19. 47, at 11 P. M
5.(b) Name of husband or wife. Rufus Tittle	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from Jebruory 19 47.
B.(c) If alive, give ageyears	
7. Birth date of deceased (mo., day, yr.) 700. 25 - 18-5-2	and that I last saw h
8. AGE: Years Months Days If less than one day	Trypostale Francoura 3 days
9. Birthplace (Town, county, and state)	Due to. Tracker Rell hip - 2 was.
1D. Usual occupation	Due to Decidental fall. Curso
11. Industry or business	Tripped over a rug, in her lednooms
12. Hame Classification of the state of the	Other conditions.
14. Maiden name Sarah Harman	(Include pregnancy within 3 months of death) Major findings of operations.
15, Birthplace Md.	Date of on.
16. Informant Mies Margaret Little	Actopsy results
Address 11 Bond St. Westminster 7d.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. But thereof June 1999 (Boral, cremation, or removal, White) Date thereof June 1999 (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide. Occident. Date of march 1st. 1947.
Cemetery or gematory 4.1. Carmel Cemetery	Where did injury occur? Talastronanstards County) Transformation (City or town) (County) (State)
Locatio Titlistocon, Va:	Injured at home, farm, Industry, public place (where?) at homes.
18. Funeral director Al Bankard Jone	Mesns of injury Accidental fall, injured at work?
Address Westminster, md.	23 SIGNATURE Sheether Rom (Mint.)
19. S/2F 1947 Allundary (Date rec'dyby registrar) Registrar	Address Craustu Med. Date signed 3/27/47



MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore 62

Same
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	CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County Carra County County Carra County Carra County Carra County Carra County Carra Car	City or town/USISMUS (If outside city or Street No. W. Mann	County Co
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Ella B. X	Lloud-	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married,	widowed, or dyorced MEDI	CAL CERTIFICATION
7. W Wido	20. DATE OF DEATH. Mar	el 25" 1947 at 29
o. Ade.	give age years - 8 6 4/ i than one day hrs. min. 21. I CERTIFY that death occurred on Factor and that I last saw have allow or Immediate cause of death and the control of the control	the date above stated: That I attended deceased from 1944, to war 254 1947
11, tndustry or business	748 TV.	
12. Name Diving W. Dur 13. Birthplace Carroll C 14. Maiden name Dury Goo 15. Birthplace Carroll Co.	o. md. gallblade	thirtis and several feels y within 3 months of death)
16. Informan mas L. albert Fa	Autopsy results	cause to which death should be charged statistically.
	month) (day) (year) 22. VIOLENCE: If death was due to	Date ot
Cemetery or crematory Stand Charge C	Where did Injury occur?	y or town) (County) (State) ic place (where?)
18. Funeral director	Msens of injury	tnjured at work?
Address Westminister, m	23. SIGNATURE CLZ3	illingsleg de . D.
19. (Date reg'd by registrar)	Registrar Address Westure	inter 1 had Date signed 3-25-46

every item of information care

MARGIN RESERVED FOR BINDING

MAR 28 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97 CERTIFICATE OF DEATH



1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	18 00
3.(a) FULL NAME		
4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced	3. (b) Social Security Number	
I Wildowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. Masch 30 19 47 of 2:40)H
6,(b) Name of husband or wife. S _b (c) if alive, give age, years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated in the date abo	7
7. Birth date of deceased (mo., day, yr.) OCX. /2, 1864	and that I last saw h. In alive on March 30 194	Z
8. AGE: Pears Months Days If less than one day	Immediate cause of death	
9. Birthplace	Due to Advanced arderio Schroin Perso	
10. Usual occupation. House work	Due to	<u></u>
11. industry or business		*******
12. Name Usbury Burlett	Dther conditions	•••••
	(Include pregnancy within 8 months of death)	_
14. Maiden name Elyabeth Berroff	Major findings of operations.	******
15. Birthplace purknow	Date of op.	
Address 45 - E. Fith It Frederich	Autopsy results	
17. Bures Bate thereof And (day) (year) (Burial, cremation, or removed Which?)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide	
Cemetery or crematory June Trave	Where did injury occur?	
Location Mix Juny	Injured at home, tarm, industry, public place (where?)	
18. Funeral director. At M. Awdder	Means of Injury Injured at work?	
Address MA Aur Ma.	02 6. 1:11 m 16	1
Mas 31 ,57 April Suy der	23. SIGNATURE Manufacture Trability M. D. or other	 7
(Date rec'd hy registrar) Registrar	Address Date signed 3.1.3	5. J



2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

	Reg. Disc. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State State County Monthly Cy-
City or town(If outside city or town jimits, write RURA) and give nearest town)	City or town Derwood Mil Rd #
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Springheld State Torpilal	Street No(If rural, give LOCATION)
How long in hospital or institution? Dog 3 200	2.(a) tt veteran, name war
3. (a) FUTAL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorped	MEDICAL CERTIFICATION
- M Name	20. DATE OF DEATH 18 A 10-30 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred an the pate above stated: that Astrended deceased from
7. Birth date of	and that I last saw h 12 alive on 11 12 2 3 d 18 47
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	
0 / 2 /hrsmin.	Ilmunde Mungua 7 da
9. Birthplace (Town founty, and state)	Cerebral Lemonnage 2 min
10. Usual occupation.	Due to.
11. Industry or business	Gulfry 3 yr
12. Name UNAMAN PARTY	Dther conditions.
13. Birthptace	(Include pregnancy within 3 months of death)
14. Maiden name. Alfred Ma	Major findings of operations.
E 15. Birthplace Augusta	Date of op.
16. toformant The special fractions	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof Transaction (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. CBal Land	Where did injury occur?
Location 6Park Land Manyland	Injured at home, farm, Industry, public place (where?)
Control	Means of injury thijured at work?
Address Las Formuillo mod.	XXXX + XIII
Address Lay tomule and.	23. SIGNATURE M. D. Orther
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Syplantle Malaie stand 23/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAR 26 1947 BUREATER

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9.45-1

MADVIAND	CTATE	DEPARTMENT	OF	MEATTE
MAKYLAND	SIAIL	DEPAKIMENT	Uľ	HEALIR

2411 N. Charles St., Baltimore 30-1

Reg. Dist.	No. 7#
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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll	State Maryland County Mondamery		
City or town	156 0		
How long in above place of death?	(If outside city or town simits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death pocurred:	Street No		
Springheld State Hospital	(If rurai, give LOCATION)		
How long In hospital or Institution?	2.(a) If veleran, name war		
3. (a) FULL NAME Provence Mullican	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH March 30 1947 at 2:40 P		
79 - W 00	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	March 6 1947, to March 30 1947.		
7. Birth date of	and that I last ssw h. & ztalive on March		
deceased (mo., day, yr.) May 5 - 1892	Immediate cause of death		
8. AGE: Years Months Days If less than one day	General Pareiro 3 years		
54 10 12hrsmin.	ago -		
9. Birthpiace Montgomera County, and atate)	Due to		
1B. Usual occupation. Attach	Due to.		
11, industry or business	Dec (4.1)		
E 12. Name Joseph Sindag	Other conditions & Declargement and all hours		
	(Include pregnancy within 3 months of death)		
E 14. Maiden name Sozanna Alemalton	Major findings of operations		
15. Birthplace Montgonery County	Date of op		
16. informant Promos Mullican	Aptonsy respits		
Address White Oak - Silver Foreno - Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
100	22. VIOLENCE: tf death was due to external causes, till in the tollowing:		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
alilia Alberia med	tnjured at home, farm, industry, public place (where?)		
Location William Control of the Cont	Means of injury injured at work?		
18. Funeral director.			
Address Alefond Afring, Stid. 23. SIGNATURE DURGULES BOYON M. D. or other			
19. May 21 19. H. T. Anny Week (Date rec'd by registrar) (Date rec'd by registrar)	Address Sukles in 100 M. D. or other Address Sukles in 100 M. D. ate signed 3-20.47.		



CERTIFICATE OF DEATH

02690 Reg. Diat. No. 2#0

1. PLACE OF DEATH: County Edward G. Muth Carroll			Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			***************************************	State Maryland county Anne Arundel		
City or town Anne Arundel (If outside eity or town limits, write RURAL and give nearest town)				Eastport		
How long in above place of death? 1 month, 12 days			2 days	City or towa	rest town)	
Hospital, Institution, or street address where death occurred:			1-3	Street No. 710 Chesapeake Avenue		
Springfield State Hospital				(If rural, give LOCATION)		
How long in hospital or institution? 1 month, 12 days			2 days	2.(a) If veteran, name war		
3. (a) FULL NAME			•	3. (b) Social Security !	Vumber	
	ard G. N	luth				
4. Sex 5.	Color or race	6.(4)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	M		Married	2D. DATE OF DEATH. 3/14/ 19.47	at 8:30 P	
A 2 2 . D 16 . L 2			.14	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(6) Name of husband or wife. Adelia B. Muth		1611	2/7/ 19 47, 10 3/14	19.47		
***************************************		6.(e) If alive, give ageyears	and that I last saw h im alive on 3/11	19 47	
7. Birth date of deceased (mo., day, yr.)	12/27/0)1		lumedia; cause of death	DURATION	
8. AGE: Years	Months	Days	If less than one day	immediaty Cause of death.	Donarion	
45	2	7	hrs min.	Pulmonary tuberculosis	4 mos	
9. Birthplace Chicago, Illinois (Town, county, and state)				Due to.	•••••	
			***************************************	Due to		
11. Industry or business U.S. Naval Academy			demy		******************	
当 12 Name Unk	nown	*****		Other conditions Schizophrenia, paranoid		
I 12. Mantelana Unk				II .	20 vrs	
				(Include pregnancy within 3 months of death)		
置 14. Maiden nameU.			••••••	Major findings of operations.		
15. Birthplace Unknown				Date of op.		
16. Informant Record, Springfield State Hospital			ld State Hospital	Antopsy results		
Sykesville, Marylad			PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
Address				22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Date thereof Mat. 19, 1947. (Burial, cremation, or removal, Which?)			eoi Mar 18, 1941	Accident, sulcide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)		(month) (day) (year)				
Cemetery or crematory allenges and a company of the			anney	Where did Injury occur?(City or town) (County)		
Location Arlinatore, Va.			·	Injured at home, farm, Industry, public place (where?)		
The second second			Toulot)	Meens of Injury Injured at work?		
18. Funeral director Status Management			1 year 1	1		
Address Assessoles, Mrs.			, mg.	23. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19. Mar. 15 18 H7 B. Harry Well			Hospy Yille	SPRINGFIELD STATE EQSPITAL M. D. C		
Date rec'd by regist	rar)	f Ca.:	Registrar	Address Sykesville, Maryland Date signed.	3/14/47	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

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Reg.	Diat. I	Vo	74	4	

CERTIFICAT	E OI DEATII Reg. Dist. No.
1. PLACE OF DEATH: County City or fown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
6.(b) Name of humball 6.(c) If alive, give age	MEDICAL CERTIFICATION 29. DATE DF DEATH. 21. 1 CERTIFY that death occurred on the date above stated; that fattended deceased from 19.44, to 19.47 and that I last says.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day hrs. min. 9. Birthplace Frederick Co. Will (Town, county, and state) 10. Usual occupation.	Immediate cause of death Xandu Vasculau Due to Due to
11. Industry or business 12. Name	Dither conditions (Include pregnancy within 3 months of death)
18. Informant Address /50 N. Mones tary (we. Bulls /6 17. (Burial, exemption of semoval Which) Cemetery of exemption of semoval Which) Location / Lynd Jan Louna / Location	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, euicide, or homicide
19. Mar. 12 1947 Chang Heer Registra	23. SIGNATURE M. D. or other M. O. o



t age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-0)

CERTIFICATE OF DEATH

County Carroll City or town Sykesville City or town imits, write RURAL and give nearest town) How long in above place of death? 6 yrs.3 mths.6 days Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 6 yrs.3 mths.6 days 3. (a) FULL NAME 4. Sex 5. Color or race 6.(o)Single, married, widowed, or divorced female white Single 20. DATE OF DEATH March 6th 19. 47, at 21. I CERTIFY that death occurred on the date above stated; that I attended deceased troe	wn)
### The standard decreased from the standard decreased fro	er
female white single 20, DATE OF DEATH March 6th 19, 47, at 2	
20, URIE OF URAIT.	105
8.(b) Name of husband or wife Solution	m 19.47
deceased (mo., day, yr.) January 14, 1881	DURATION
8. AGE: Years Months Days It less than one day	davs
8. Birthplace Maryland (Town, county, and state) 10. Usual occupation Saleslady 11. Industry or business 12. Name Lewis Ottenheimer 13. Birthplace Germany Due to Fracture of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall, during an apileptic outlook. County of the right femural Accidental fall outlook.	
14. Malden name. Rachel Feldenheimer 15. Birthplace Germany Major findings of operations. Dale of op.	
Address Springfield State Hospital Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistic physician, cremation, or removal. Which?) Cemetery or crematory Cemetery or crematory County County	e)

MAR 8 1947 BURLAU 3 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /19

02693

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:
Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town rural near Sykesville (If outside city of town limits, write RURAL and give nearest town)	State Maryland County Frederick
(If outside city or town limits, write RURAL and give nearest town)	City or town Frederick
How long in above place of death? 8 yr., 6 mo., 17 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 246 E. 7 d. Street
Springfield State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 8 yr., 6 mo., 17 days	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Harvey Winfield Peddicon	rd none
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	Manah 77 47 7.40m
mate willte Single	28. DATE DF DEATH March 17 19. 47 , at 7:40p
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May 1 19 43 March 17 19 47
m m: 0 d s - d	and that f last saw h im alive on March 17
7. Birth date of deceased (mo., day, yr.) 8-19-1892	Immediair cause of death
8. AGE: Years Months Days It less than one day	Treumonia eliology
54(?) 6 26min.	not determined 12 hrs
Pennsylvania	Bue to
(Town, county, and state)	846 15
1B. Usuat occupation laborer	P. A.
11. Industry or business	Due 10
F 12 Name William Luther Peddicord	Dther conditions Without Psychosis,
13. Birthptace Thurmont, Maryland	Mental Deficiency life (Include pregnancy within 3 months of death)
14. Malden name Mary Ellen Wolle	Major findings of operations
5 Birthplace Foxville, Maryland	Date of op.
14. Maiden name Mary Ellen Wolfe 15. Birthplace Foxville, Maryland 16. tntormant Springfield State Hosp, records	
	Autopsy results
Address Sykesville, Maryland	
17. Burial Bate thereot 3 - 20 - 1947. (Burial, cremation, or removal, Whigh?) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Cake Hell Cemetery	Where did injury occur?
Le Gore met.	Injured at home, farm, industry, public place (where?)
C. E Cline X-Lord	Means of tnjury Injured at work?
18. Funeral director. C. E. Cleul 6 - Cou	Robert Bertrand May, M.D.
Address Frederick - ml.	Calles to one only
man of a william	Springfield State Hospital M. D. Grother
19. Mar. / S 19tt 7 C. Harry West	Address Sykesville, Maryland Date signed 3-17-45

MAR 20 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

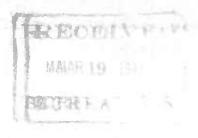
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

0269830 Reg. Dist. No.

1. PLACE OF DEATH: County Rural - City or town (If outside ci Street address, hospital, or insti	ty or town limi	dbine	RAL NEAR and give town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County County City or town (If outside city or town limits, write RURAL NEAR and give town)		
Slay in hospital or inst. (yrs., o Slay in this community (yrs., o			√8 years	(If rural g	give LOCATION)	
3. (a) FULL NAME		ELLA	A MAE PICKET	T	3. (b) Social Security	Number
	or or race		married, widowed, or divorced	20. DATE DE DEATH MEDICAL O	CERTIFICATION 19 4	7 , et 4:20 a
6 (b) Name of husband or wife decease	Sewe_ ed		Pickett	21. I CERTIFY that death occurred on the date		eased from
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years	Maj Months	y 8,	1879 If less than one day	and that i last saw hallve on	3/13/4/	DURATION
67	10	6	hrs,min.	nwhia	on to thing	- 3 wher.
9. Birthplace Howar		Mary county, and st usewol	cate)	Due to mellino - Co	reinoma	3 yre
11. Industry or business	Tama	- Dep 5		Due to		
12. Name 13. Birthplace	James	s Brit	land	Other conditions		
	Mary	~		(Include pregnancy withi	n 3 months of death)	PRINCIPLE
15. Birthplace Maryland				Major findings: Of operations	Conservance	PHYSICIAN Please underlin the cause to whi
16, informantAddress	Vernor	n Scha		Df eutopsy		death should be charged stalls!-cally.
Burial (Burial, commetion, coren Cemelery or crematory	Morga arroll	an Cha	Maryland	22. VIOLENCE: 1f death was due to external Accident, suicide, or homicide	wn) (County)	(State)
18. Funeral director	C.	M. Wa	altz ield, Md.	Means of Injury	Injured at work?	



1-35

2411 N. Charles St., Baltimore 8117

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LAINLY, WITH UNFADING INK. Supply every item of information carefully. I ee especially important. Physicians: please write the causes of death clearly and legible PLEA

MARGIN RESERVED FOR BINDING

7	/	LIM
S)	PLAINLY,
9.45.15M		WRITE
10	5	ISE

			CERTIF	FICAT	E OF DEATH Reg. Dist. No.	****
How long in above place Hospital, institution, or Springfi	Cal near Sutside city or town line of death? 35 VI street address where death and State reld State.	cs. 1 eath occurred: Hosp	ville MAL and give nearest to mon. 18 d oital mon. 18 d	ays	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number	
4. Sex	James		married, widowed, or divorc	ed	MEDICAL CERTIFICATION	
male	white	mar	1		2D. DATE DF DEATH. March 26, 19 47 213:07	7p.m
	••••••		of the alive, give age	years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 19.43 Narch 26, 19. and that I last saw h im alive on 19.	47.
8. AGE: Years		Oays	If less than one day	mln.	Manic-depressive psychosis 35 yr	'S.
	Labore M. Jacob Bohemia	r	ate)		Out to	
Address Sylvial, cremation Cemetery or operation Location	cesville, al or removal. Which?) elair elair	Mary. Date there Rec Ro	Hosp, re Land of Man 294 (month) (day) (da	/947 (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	Q, -42

ADING INK. Supply every item of Physicians: please write the causes

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02696

CERTIFICATE OF DEATH

Diat. No. 74

1. PLACE OF DEATH	Carroll		2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother)	ED:	
County		***************************************	State Maryland county Frederick		
City or town(If outsi	de city or town limits, write h	URAL and give nearest town)	มาโตการ		
Now long in above place of d	leath, 32 years, 8	months, 13 days	(If outside city or town limits, write RUF	RAL and give nearest town)	
Hospital, institution, or stre	et address where death occurred State Hospita	:	Street No.		
Springileid	State nospita.	L	(If rural, give LOCATION		
	titution? 32 years, t	3 months, 13 days	2.(a) If veteran, name war		
3. (a) FULL NAME	Salina l	Renner	3. (b) S	Social Security Number	
	Color or race 6.(a)Single white single	e, married, widowed, or divorced	MEDICAL CERTIFIC		
			20. DATE OF DEATH March 21,	19 47 at 12 noor	
	vife		21. I CERTIFY that death occurred on the date above stated: the January 1, 19.42	March 21, 19.47	
7. Birth date of		c) If alive, give ageyears	and that I last saw her alive on March 21	19.47	
deceased (mo., day, yr.)	August 22, 18		Immediate cause of death		
8. AGE: Years	Months Days	It less than one day	Cerebral hemorrhage	10 days	
81	7 months	hrs min.			
9. Birthplace	U.S.A. (Town, county, and unknown	state)	Due to arteriosclerosis	about 15 years	
1D. Usual occupation			Due to		
11. Industry or business			s a h i s a n h san i a	a h a s t 2/ 220000	
12. Name	lliam Tenner ryland			about 34 years	
	Elizabeth Lang	nan	(Include pregnancy within 8 months of de		
	aryland	######################################	Major findings of operations		
				.Date of op	
16. Informant Ho:	spital records		Antopsy results		
	field State Ho:		PHYSICIAN: Please underline the cause to which death st	hould be charged statistically.	
			22. VIOLENCE: If death was due to external causes, fill in the	ne tollowing;	
(Burial, cremation, or	Date the	eof 3-24-4 (month) (day) (year)	Accident, suicide, or homicide	. Date of	
	1 .1 1		Where did injury occur?(City or town)	(Charles)	
Cemetery or crematory			II.		
Location	aletons	~ Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director	1) dbell	10-	Msens of Injury in	jured at work?	
Address M. &	dleton	- PM ne	23 SIGNATURE Liene Htlefman	MID.	
19. Mac 2 (Date rec'd by regist	2 1947 0	Farry Hear Registrar	Springfield State Hospi	tal 3-21-47	
(Date rec d by regist	amij	Tec Bibliat	MUUI COO		

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MAR 26 1947

REREATIVE

02697

M. D. or other

	Reg. Dist. No	ATT
2. USUAL RESIDENCE (HOME) (For newborn infantagive residence) Siate	OF DECEASED of mother)	ell
City or town	nits, write RURAL and givo near	rest town)
Street No	voLOCATION)	
2.(a) tt veteran, name war		
rely	3. (b) Social Security I	Yumber
20. DATE OF DEATH MA	CERTIFICATION	4
	above stated; that I attended decoe	
and that I last saw handles on 3	- 5-47	19
immedia cause of death de de e	on pur salion	DURATION
Due 10. 2223 2022	2	frais (
		/
Due to		*****************
Dther conditions		
(Includo pregnancy within	8 months of death)	
Major findings of operations	Date of on	
Autopsy results		
22. VIOLENCE: If death was due to esternal of		
Accident, euicide, or homicide	Date of	
Whera did injury occur?(City or town	(County)	(State)
Injured at home, farm, industry, public place	(where?)	
Means of injury	tnjured at work?	
	Λ	

(Dato rec'd by/registrar)



VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (38)

CERTIFICATE OF DEATH

U2698 Reg. Dist. No. 740

1. PLACE OF D	~			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Carroll		•••••••••••••	State Maryland County Carroll		
City or town	Sykesville	limita muita I	RURAL and give nearest town)			
the last to those als	outside enty of town	vrs. 1	o mos., 20 days	City or town. Sykesville (If outside city or town limits, write RURAL and give ne	arest town)	
How long in above pia	or street address where	death occurre	1:			
S	pringfield	State	Hospital	Street No. (If rural, give LOCATION)	************************	
			mos., 20 days	2.(a) 11 veteran, name war		
			To get a second		N	
3. (a) FULL NA	RINE VIRGI	MTA ROW	Tr	3. (b) Social Security	Number	
4. Sex	5. Color or race		e. married, widowed, or divorced	MEDICAL CERTIFICATION		
F	W		M	2D. DATE DF DEATH March 29 19.47	12 00 A 1	
		-		21. I CERTIFY that death occurred on the date above stated; that i attended dece		
	nd or wite John			March 9 41 March	29 47	
***************************************		6.0	e) t1 alive, give age 33 L? years		47	
7. Birth date of deceased (mo., da	1. /71. /			280 1021 1 1231 82W R		
8. AGE: Ye	1,1.12	Days	If less than one day	Immediate cause of death		
28	11	15	hrs,min.	Pulmoney Delevelois	6 month	
a must He	gerstown.	Washin	ton. Md.	Due to		
			gton, Md.	2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
1D. Usual occupatio	. Housewif	'e		Due to		
11. Industry or bustr	ess					
K Fra	ank W. Niel	.d		Other conditions Schizophrenia, catatonic		
12. Name FT	Maryland			t-ma	7 years.	
		** *		(Include pregnancy within 3 months of death)		
14. Malden nan 15. Birthplace	e Margare	Helm.		Major fiudiugs of operatious		
E 15. Birthplace	Maryland	l		Date of op		
Re	cord. Sprin	ngfield	State Hospital	Autopsy results Disseminated Palmonay Hi; He. En	teits	
				PHYSICIAN: Please underline the cause to which death should he charged	statistically.	
	esville, Ma			22. VIOLENCE: It death was due to external causes, till in the tollowing:		
II Bu	ial	Date the	100 March 31-194	Accident, suicide, or homicide		
(Burial, eremati	on, or removal Which	?)	(month) (day) (year)			
Cemetery or crem	atory (lua	e gree	I come ag	Where did injury occur?	(State)	
Location	to gers	low	~ mg	Injured at home, farm, Industry, public place (where?)	***************************************	
Location	8 1	7 2	unnich Hon	Means of injury injured at work?		
18. Funeral director		7			0	
Address	tagers	low	n ma,	23. SIGNATURE Child H. Eilert, M	1.2.	
mas.	30 .49	1 10	Harry Ween	'М. D.	orother	
(Date rec'd by	30 19 H	64.1	Registrar	Address Sykesville, Maryland Date signed	5-27-41	



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	Evidence for the addit on	of
11	items 4,5, is shown on	MARYLAND STATE DEPARTMENT OF HEALTH
	G 109 3/31/87	2411 N. Chartes St., Baltimore 940

2411 N. Chartes St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No,

1. PLACE OF DEATH: County Of the County Of	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn infants give residence of mother) State
Sele white Single, married, widowed, or diverced	MEDICAL CERTIFICATION about 20. DATE OF DEATH. March 2/ 1947 21 3:30 PM
6.(b) Name of huebard or wife Leta Pittings. 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 5. C. 27 - 1878	and that I last eaw halive on
8. AGE: Years Months Days It less than one day 63 2 24	Immediajoranse of death DURATION - DURATION
9. Birthplace Friggelberry Carroll Co. Pad. (Townscounty, and atate)	Due to
10. Usual occupation Combs. 11. Industry or business W. M. Ruy, Retired	Due to
	Other conditions.
12. Name Abacham Sheats 13. Birthplace Carroll Go. md.	(Include pregnancy within 3 months of death)
14. Malden name & arah Galherine yingling	Major findiogs of operations
E 15. Birthplace Querroll (50. 3 d.	Date of op.
16. Interment Mannie U. Borchand	Actopsy results
Address 18 ain Westmenter Id.	22. VIOLENCE: It death was due to external causes, till in the following:
17. (Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Richer Correctory	Where did Injury occur?
Location Westing waster by de	Injured at home, farm, Industry, public place (where?)
18. Funeral director ABan banks	Meane of Injury tnjured at work?
Address Westminster, md.	23. SIGNATURE James T Mond Orfuty Medical Seculia
19. (Date ree's by registrar) Registrar	Address Wishimmah Mit Date signed 3 - 22 49 7

MAR 25 1947

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vidence	for the	change	of	are is	COM 4 PRINT	DEPARTMENT	0.17	*****
hown on	G 109	4/74/48		MARYLAND	STATE	DEPARTMENT	OF	HEALTH

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FHM No. G

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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eg. Dist.	No	0	

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City or town. (If outside city or town simple, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where leath occurred:	City or town
3. (a) FULL NAME Prillian L. Spansle	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male thite single	MEDICAL CERTIFICATION 20. DATE OF DEATH WALL 30 1947, 21 4 A. M
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month Days If less than one day 7/ 72 X 5 20 hrs. min. 9. Birthplace Control (Town, county, and style) 10. Usual occupation. 11. Industry or business Merchant Returned 12. Name Namiltan Spansler 13. 8irthplace Maryland 14. Maiden name Elizabeth Spansler 15. Birthplace Maryland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 10. 3. 2. 2. 19. 4 and that I last saw h
16. Interment Muss. Paul Furres Address Clewon Bridge, Tal	Autopsy results
17 Burial, cremation, or removal. Which? Cemetery or crematory Manualana Linux Language Location Assignment Briskling Manualana	Accident, suicide, or homicide
18. Funeral director D. D. Hartafler Y. Sorra Address Vision Bridge Y. New Hindson M.A. 19. April 2 19.47 A Tichman (Date ree'd by registrar) Registrar	Msans of Injury Injured at work? 23. SIGNATURE

HOITA RECEIVED *********** APR 5 1947 BURLAU V B. 1-25--10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02701

74/

CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County Carroll	***************************************	state Maryland count		
City or town. Henryton (If outside city or town limits, write RUR	AL and give nearest town)			
How long in shove place of death? 3 months,	27 days	City or town Bal timore (if outside city or town limits.		
Hospital, Institution or street address where death occurred: Maryland Tuber culosis S	anatori um	Street No. 677 Sarah Ann	Street	
Maryland Tuber curosis o	n Meruland	(If rural, give L	OCATION)	-,
Colored Branch, Henryto	n, Mai yrand	2.(a) It veteran, name war		<i>f</i>
3. (a) FULL NAME			3. (b) Social Security 1	Number
HENRY STOKES	and the second		216-09-54	164
	narried, widowed, or divorced	MEDICAL CE	RTIFICATION	
35 3 - 0-3 3 Mamm	2 _ 3	20, DATE OF DEATH March 18		30 30
Male Colored Marr				
6.(b) Name of husband or wife Frances S	tokes	21. I CERTIFY that death occurred on the date above Nov., 19	staled; that I attended decea	18 19 47
	t alive, give ageyears	and that I last saw h. 1.M. alive on	rch 18.	19.47
7. Birth date of deceased (mo., day, yr.) June 22, 19	01	Immediate cause of death		
8. AGE: Years Months Days	If less than one day	Pulmonary Tuberci	ilosis	Nov.
45 8 24	hrsmin.	and the state of t		1946
	•	Due to	***************************************	martan management
9. Birthplace Virginia (Town, county, and state	te)	Due to	***************************************	***************************************
10. Usuai occupation Brick Layer				••••••
		Due to		
11. industry or business			***************************************	***************************************
I 12. Balle	***************************************	Other conditions	· · · · · · · · · · · · · · · · · · ·	***************************************
Z 13. 8irthplace Virginia		(Include pregnancy within 3 me	onths of death)	
質 14. Maiden nameHenrietta Watki	ns	Major findings of operations	********************************	
15. Birthplace Virginia				
Deceased		Antoney results		
16. Intermant		PHYSICIAN: Please underline the cause to whi	ch death should be charged	statistically.
Address	2100/119	22. VIOLENCE: If death was due to external caus	es, till in the following;	
17. Breed Date thereot	(month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?)	(month) (day) (year)	Where did injury occur?(City or town)		
Cemetery or crematory	Juanu			
Location Jacke	1401	injured at home, tarm, industry, public place (who		
18. Funeral director MM a. Joic	Kon	Means of injury	Injured at work?	
01/	O. M. I	1 a Cons	10. m	>
	a.	23. SIGNATURE COLLEGE STOP	Juan, ""	O. or other
19 3/18 19 47 albert	M Sua phon		Date signed	
(Date rec'd by registrar) Deputy	LOCAL Registrar	Address	Date signed	

MAR 20 1947

2-740-11-10

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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (634)

02702

M. D. or other .Date signed 3-25-

CERTIFICAT	TE OF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanty give residence of mother) State
3.(a) FULL NAME Lillie Wargaret Was	2 (b) Social Security Number
4. Sey 5. Color or race 6.(a) Single/mfried, widowed, or divorced wide widowed.	MEDICAL CERTIFICATION 20. DATE DE DEATH March 24 1947 of 7 A.
8. (b) Name of husband or wite late late late late late late late la	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. \(\) 19. \(\) 20. 19. \(\) and that I last saw h. \(\) 20 live on. 19. \(\)
10. Usual occupation Housekeeps	Oue fo
12. Name acob stouch 13. Birthplace many and stouch 14. Malden name many and stouch 15. Birthplace washy land	Other conditions
18. Informant Roland & Wachter Address New Lyndson, md R. W.	Antopsy results
(Bufial, cremation, or removal. Which) Cemetery or crematory (August 2014)	Accident, sulcide, or homicide
18. Fuegal director of Landscape of Sous	Means of Injury Injured at work?

23. SIGNATURE.

Address:...

Registrar

API 12 1947 BTH: A'' '

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E E		ries St., Baltimore	0
	CERTIFICAT	TE OF DEATH Reg. Dist. No	720
ally be supplied	1. PLACE OF DEATH County Cliy or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother) State Chy Gundy County County Clip or town (If outside city or town limits, write RURAL NEAR and give	ard No
uld carefu	Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 149. 5 7000	Sireet No (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR	
ion shor	3.(a) FULL NAME MARTHA E. L	1A/TZ 3.(b) Social Security	Number
ING nformati of death	7. Sey 5. Color or race 6.(a) Single. married, widowed, or divorced Willowed	MEDICAL CERTIFICATION 20. DATE OF DEATH MANAGE 3 - 1984	7.a7,30m
ED FOR BINDING Every item of information should carefully write the causes of death clearly and legibly.	6 (b) Name of busband or wife Cento Cally Question of Cento Cally Question of Cento	21. I CERTIFY that death occurred on the dale above stated; that I attended dece	ased from19
VED FO Every i	deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death—Afute Cardiane	DURATION 3 Km
RESERVED FINK. Eve s: please writ	9. Birthplace Canoll Co. Many land (Town, county, and state)	Due toChronic mysenuts	3424
MARGIN RI UNFADING L. Physicians:	11. Industry or business	Due to	5710
MA H UNF ant. Pl	12. Name	(Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
SE WRITE PLAINLY, WITH U	16. Informant Dun: Bernie Shipley	Of operations	Pleasa underling the cause to which death should be charged statistically.
LAINL	Address), Selver (run. 1886) 11. Durial (Burial, cremation, or removal, Wisch?) (Burial, cremation, or removal, Wisch?)	Df autopsy 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Date of	
RITE F	Cometery or cresholory & le Court Courts Location & Wall wood Carry le Co: Will.	Where did injury occur?(City or town) (County) Injured at home, farm, industry, public place (where?)	(State)
W W	18. Funeral director S. M. Waltz	Means of Injury Injured at work?	
VS A15 PLEASE corr	19 Mar. 5 % 1947 Calvin Bankert,	23. SIGNATURE School, R. Forty M. D.	D or other

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MAR 6 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Br.

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll			State Maryland County Somerset		
City or town Henryton (If outside city or town limits, write RURAL and give nearest town)			State Hary Larra County Upper Hill		
How long in above place of death? 12 days			(If outside city or town limits, write RURAL and give r	nearest town)	
Hospital, Institution, or street address where t	death occurred	1:			
Maryland Tubercul	losis	Sanatorium	Street No		
How Porte minospital or Pratitation Ch.	lemyt	on. Md.	2.(a) If veteran, name war		
3. (a) FULL NAME					
3.(a) FULL NAME			3. (b) Social Securit		
EUGENI		RY WATERS	213-24-2	085	
4. Sex 5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored	sin	ngle	2D. DATE OF DEATH March 6, 1947	at 9.30Pm	
			21. I CERTIFY that death occurred on the date above stated: that I attended de	aceased from	
6.(b) Name of husband or wife	***************************************	••••••	Feb., 24, 19 47 to March	6, 19 47	
T, Birth date of	6.(c) If alive, give ageyears	and that f last saw h im alive on March 6,	19. 4.7	
deceased (mo., day, yr.) March	1 5.	1929			
8. AGE: Years Months	Days	If,less than one day	Immediais cause of death	Dec.	
18 0	1	hrsmin,		1946	
Unner Hi	II M	đ.	Due to		
9. Birthplace			Due 14.		
10. Usual occupation Scholar				***************************************	
			Due to	*****	
11. Industry or business	- da			*****	
12. Name Willie Waryland	avers		Other conditions		
			(Include pregnancy within 3 months of death)		
14. Malden name Josephine	e Joh:	nson			
			Major findings of operations.		
16. Informant Willie W	aters		Autopsy results	8 . a* a> 18	
Address Upper Hi:	11 M	d .	PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.	
10			22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)	Date ther	eol	Accident, suicide, or homicide		
Cemetery or crematory		-1	Where did injury occur?	(Stata)	
		00 12-			
Location Lhes	142	1 Ina	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
18. Funeral director	1	Mara	Means of Injury Injured at work?		
Address Mas	Rico	1 Md.	Reven Youl	n.D.	
1 2 4 7	100	1 10/ 11	23. SIGNATURE	D. or other	
19. 19. 47. (Date rec'd by registrar)	alle	V CO Registrar	Address Henryton, Md. Date signi	3/6/47	
(Date rec d by registrar)	Deput	y Loc 31 Registrar	Addi cas		

MAR 8 1947 'S

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2411 N. Charten St., Battimore

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ATH	Reg. Diat. No.

County Carroll City or townKeyman Rural				THE PARTY OF THE P	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary Land. County Carrage		
				URAL and give nearest	0		
						City or town	
Hospital, institution	, or street	address where	death occurred	:		Street No.	
				••••		(If rurul, give LOCATION)	
How long in hospita	al or Institu	stion?				2.(a) If veteran, name war	
3. (a) FULL NA	ME					3. (b) Social Security Number	
	Mrs	.Annie	C.Wilh	ide		none	
4. Sex	5. Co	olor or race	6.(a)Singl	e, married, widowed, or divo	orced	MEDICAL CERTIFICATION	
F		W		widow		20, DATE OF DEATH Means 26 19 47, 21 9	9.
		Pote	n R Wi	lhide		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
the state of the s						Feb. 19 1947 10 Heart 26,	s. 4-7.
7 Birth date of				c) If alive, give age	years	and that I last saw h. E alive on	9.47
deceased (mo., d				1 111-11-11-11-1		Immediate Cruse of death	RATION
8. AGE:	ears	Months	Days	If less than one day		Plumis Myocaratis 5	m.
	82	9	14	hrs	min.		
0 Righnlace		Md		state)		Due to	
1D. Usual occupat	ion	Housewo	rk	***************************************		Due to	
11. Industry or bus	iness						
H 12 Name	Edwar	d Short	2			Other conditions & are-Copthalinity /h.	way
12. Name			Md			Pyelitis 54	reed
		Ta Mart	in			(Include pregnancy within 3 months of death)	
14. Maiden na 15. Birthpiace	ame+:	ALCE INICHALS		***************************************		major nudings of operations	
			Md			Date of op.	
16. Informant	Virs.F	rank P.	Alexan	der		Autopsy results	•
Address		Keyn	nar, Md.				
	7		Dala Iba	Mar.29.1	947	22. VIOLENCE: If death was due to external causes, fill in the following:	
17Bu:			- /	reof Mar. 29,1 (month) (day)	(year)	Accident, suicide, or homicide	
Cemetery or cre	matory	Keysvi	lle	************************************		Whers did Injury occur?	***********
						Injured at home, farm, Industry, public place (where?)	************
						Meens of injury injured at work?	
Address		Taneyto				R. S. W. Vaugh le.	D.
m				my m. N. Ca		23, SIGNATURE M. D. or other	_ /
19 /au. 2	0	1947	me pu	my 11.11. Jan	Registrar	Address and Baie signed 3/2	1/47

(1) MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WRITE

PLEASE

MAR 29 TO STATE OF THE STATE OF

10.20P

DURATION June 1946

Mar., 14, 19 47

1 DILOT OF ST	A TEL		2 HISHAL DESIDENCE (HOME) OF DECEASED.	
I. PLACE OF DE.	roll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Hen	mrton	•	State Maryland County	a.aa.aa.aa.aa.aa.aa.aa.aa.aa.aa.aa.aa.a
City or town	outside city or town lim	its, write RURAL and give nearest town)	Poltimore	
How long in above place	of death? 1 m	onth, 15 days		
Hospital, institution, or	street address where do	ath occurred: Sanatorium	Street No. 1032 Clay Street	***************************************
Colored	Branch.	Henryton, Md.	(If rural, give LOCATION)	
			2.(a) If veteran, name war	
3. (a) FULL NAM		A ELIZABETH WILLIA		al Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICA	LION
female	color ed	Married	2D. DATE DF DEATH March 14,	19 47 ,10.
		mas L. Williams	21. I CERTIFY that death occurred on the date above stated; that t	attended deceased from
7. Birth date of	Q A		ars and that t last saw h er alive on March 14,	19
deceased (mo., day,)		Days If less than one day	Immediate cause of death	June
8. AGE: Years			Pulmonary Tuberculosis	
2:		21hrs	iln.	1946
9. Birthplace Bi	altimore,	Md.	Due to	
	Mona (Town, c	ounty, and state)		
10. Usual occupation	Mone		Due to	
11. Industry or busines				***************************************
12. Name	Issac Wi	lliams	Dther conditions	***************************************
13. Birthplace	Unknown		· (Include pregnancy within 3 months of death)	
	Annie Pr	eston		
14. Maiden name. 15. Birthplace			Major findings of operations.	
	Maryland	•	Date	
16. Informant De	ceased		Autopsy results	d be charged statistically
Address	1			
. Alemour	1.	Date thereof her 15 5 4	22. VIOLENCE: If death was due to external causes, fill in the fo	
(Burlal, cremation	n, or removal. (Which?)	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremat	ory Al Ballimor	Date thereof. (month) (day) (year)	Where did injury occur?(City or town) (Cou	nty) (State)
Location B	ellimen , a	try . I	Injured at home, farm, Industry, public place (where?)	
	2.1	Junes a. Hemsley	****	at work?
18. Funeral director	MND. JIN	D. III	7	14
Address 5	78 W.	ordelle st	23. SIGNATURE Relieu Mofferay,	$m \cdot D$
3/14	477	111 401		m. D. of other
19.	19 47	Debuty Local Regist	Henryton, Md.	Date signed 3/14

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MAR 20 1947

BUTTERATION

2-25

2-740- 2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

75-0 CERTIFICATE OF DEATH

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	C	N	0	U.	11
eg.	Diat.	No.			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ceaseroll	
City or town Daning town Maryland R.D.	State Maryland County Carroll
(If outside city or town limits/write RURAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of Beath?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long to hospital or tostitution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
0 6 1 . 111 . +	213 - 03 - 1018
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	20. DATE OF DEATH. March 10 1947 at 2 PM
6.(b) Name of huebond or wife Mrs Mas Thinters	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.(U) Name of Records of Witchise Agency and	1910
7. Birth date of Section 1. B. (c) If allve, give age years	and that I tast saw halive on
deceased (mo., day, yr.) Sestember 28 - 1902	
8. AGE: Years Months Days It less than one day	Immediate cause of death Coordina Dilatation Few min.
,,,,	auch Mordine Vilabolion Few Mine.
44 3 /0hrsmln.	
9. Birthpiace Egypt Imma	Due to
(Town, county, and state)	
10. Usual occupation Clectrical Foremand	Due to
11. Industry or business Coment Plant	908 TO
12. Name deslie Think has	Diher conditions
≦ 13. Birthplace / surva	(Include pregnancy within 3 months of death)
14. Maiden name Anna Maylar	(Include pregnancy within 3 months of death)
	Major findings of operations.
🗏 15. Birthpiace Penna	Date of op.
16. Informant Mrs. Max Hinters	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Union Bridge, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereof March 13 - 194?	
(Burlal, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director DD Hastyles y Lynn	Means of injury tnjured at work?
Addres frian Bridge & New Windger, Md	Thoral Debute Medical Jexamines
May 12 47 1 Ealine	23. SIGNATURE CLIEBY M. D. or other
19. Mar. 2 19 47 Alchman Registrar	Address Waluumle / MA Date signed 7-11-47
Vogetting	and over the state of the state

MAR 21 1947 BUREA

2-810-2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

02708 SO

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary Card County Carroll
City or town	
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
,	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Harry Ginglin	3. (b) Social Security Number 212-03-1495
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diffred	MEDICAL CERTIFICATION
male white therped of	20. DATE DE DEATH That ch 3 3, 19 47, at 8:00 AM
Sugar Krouts Und wie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name 01-05-05-05-05-05-05-05-05-05-05-05-05-05-	19
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate gause of death DURATION
8. AGE: Years Months Days If less than one day	levorary Celusian
74 4 0min.	
9. Birthplace arrolf (sount, and says)	Due to.
10. Usual occupation School solution	
//-	Due to
11. Industry or business	
12. Name Jane Mans Caud	Diher conditions
MI MI MI	(Include pregnancy within 3 months of death)
# 14. Maiden name/ Levella ph. Hiss	Major findings of operations.
15. Birthplace Mary Cand	Date of op.
18. Informant Mes Sarah Shushing	Antopsy results.
Address They Was Abord The	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1 - March 1-194	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Barlai, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Winterse Clauselfry	Where did injury occur?
Location New le Judson R. hlt Jud.	Injured at home, farm, industry, public place (where?)
10 10 Al toler + lead	Meens of tnjury Injured at work?
18. Funeral director	1 / 18 11 2 1
Genou Dudge & Hew Windson Med	23. SIGNATURE LULLY / Charach Deputy M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Posturiustes The Date signed 3/3/47



THE WALL BY THE PARTY OF THE PA

12 M.

correct age

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1140

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

02709

Reg. Diat. No.

County	Carroll		***************************************	(For newborn infants give resideace of mother)		
	*117	ter		State Maryland county Carroll		
(If c	outside city or town l	imits, write	RURAL and give nearest town)	City or town Westminster (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?						
			ou,	Street No. 156 W. Main St. (If rural, give LOCATION)	***************************************	
			***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM						
J. (a) POLL NAM		E	mma J. Yount	3. (b) Social Security	Number	
4. Sex	5, Color or race	6.(a)Sin	gle, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white		widow	20. DATE OF DEATH March 25 19. 47	.6 n	
	147 - 7	4	D 37	21. I CERTIFY that death occurred on the date above stated; that I attended dec		
B.(b) Name of husband	or wifeW.S.J	rer.	B. Yount	21. I CERTIFY that death occurred on the date above stated; that I attended dec		
7. Birth date of			(c) if alive, give ageyears	and that I last saw below allowed on and that I last saw below the saw and the		
deceased (mo., day,)	r.) Febru	lary	10, 1866	Immediate cause of death arute Cardiae		
8. AGE: Years	Months	Days	If less than one day	A Ud Jalian	m. //	
81	1	15	hrsmin.			
- B. U. I.	Cloverda	ile.	Virginia	Due to Gangreen sepper loke	2 mas	
	(Town,	county, and	state)	Les Houge		
10. Usuat occupation	nc	ne	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Oue to Agenchicustion	12 4200	
11. Industry or busines	S					
当 12. Name	Henry C.	Ell	er	Other conditions.		
13. Birthplace	Not kr					
441	11	11		(Include pregnancy within 3 months of death)		
14. Maiden name	11	11		Major findings of aperatinas.		
≥ 15. Birthplace				Date of op.		
18. Informant	Karl E.	You	nt	Aatopsy results		
Address	Baltimo	re,	Md.	PHYSICIAN: Please naderline the cause to which death should be charged	statistically.	
"burial			- 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 burial (Burial, cremation			month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato	, Meadow	Bra	nch Cemetery	Where did injury occur?	(State)	
Location	near W	lestm	inster, Md.	Injured at home, farm, industry, public place (where?)		
	T 17		Reese	Moans of injury injured at work?	Land of the	
18. Funeral director			A	01 2004	(a)	
Addross	Westmi	nste	s. Md. //	23. SIGNATURE LEMMS RYOULS IS	7-0	
19.	19.7	A.	Muserman	Charles W. M. D.	or other	
(Date reg d hy re	gistrar)		Registrar	Address / Gallymann / Date signed	2-20 - X	



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-01

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Cary City of form Wes			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carroll		
City or town	or town limits, write R	URAL and give nearest town)	City or town Westminst		
How long in above place of death? Hospital, Institution, or street add	LILE	•			
Ruspital, Institution, or Street and			Street No. Washington		n St.
How long in hospital or institution			(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME	[***************************************			
3. (a) FULL NAME		Levi W. Zahn	3. (b) Social Security Number none		
4. Sex 5. Color of	or race 6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male wh	nite	married	20. DATE OF DEATH March 1	7 19.47	at 4 a. M
B.(b) Name of husband or wife	November 9	e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above 19.5 and that I last saw how alive on	re stated; that I attended dece	22eed from
8. AGE: Years Mor		If less than one day	Bulatation		
66	4 8	hrsmln.			
9. BirthplaceWes	tminster,	Md.	Due to African Valley	lar	Follow
10. Usual occupation	unch room		Due to Charana O.S.	walkal	
11. Industry or business			nephonetry	_	Iyou,
到 12. Name John	L. Zahn		Dther conditions	000000000000000000000000000000000000000	
12. Name John 13. 8irthplace Mary	land				
# 14. Malden name		ev	(Include pregnancy within 3 m		
			Major findings of operations		
	Maryland	7-3		Date of op	************
16. Informant WITS.	Levi W.	Zahn	Autopsy results		atatistically
Address West	minster,				Diametricany.
burial (Burial, cremation, or remov	al. Which?)	and 3/19/47 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		·····
		emetery	Where did injury occur?(City or town)	(County)	(State)
		r, Md.	Injured at home, farm, Industry, public place (wh	ere?)	
18. Funeral director.	. Francis	Reese	Meens of injury	injured at work?	
10. 1400121 4110010111111111111111111111111	Vestminste		A. SIGNATURE COMPOSE	Triple	Ma
19. (Date reo'd by registrar)	19 P) P	Registrar	Address Mashmata	Mate signed	



Registrar

.19.4.7.

DURATION

(State)

BINDING

FOR

RESERVED

MARGIN

(Date reg d by registrar)

